

## PERSONNEL FILE MATERIALS



MTC000147

## Management & Training Corporation – Wilkinson County Correctional Center Employee File Checklist

### EMPLOYEE INFORMATION

Name:

Perkins, Erika

Hire date:

7/1/2013

Position:

Captain

Employee #:

48500196

#### TAB 1

- ☒ Offer Letter / Employee Agreement
- ☒ Employment Application
- ☐ Resume

#### I-9 NOTEBOOK

- ☐ I-9 Form

#### TAB 2

- ☒ Employee Personal Data Form
- ☐ Invitation to Self-Identify
- ☐ Rehire/Transfer Form
- ☒ New Employee Orientation Acknowledgement Form
- ☒ W-4 Form
- ☒ Ms. State Tax
- ☒ Change of Address Request
- ☒ Direct Deposit Form
- ☐ Employee Loss Control Orientation Acknowledgement

#### TAB 2 Cont.

- ☐ Termination Checklist
- ☒ Resignation Letter
- ☒ Notice of Caution (resulting in termination)
- ☒ Request for Termination

#### TAB 3

- ☐ Probation Evaluation Form
- ☐ Performance Evaluation Forms
- ☐ Individual Record of Training
- ☐ Pre-service Training
- ☐ In-service Training (if req)
- ☒ Salary Increase Memo
- ☒ Bonus Memo
- ☒ Notice of Caution
- ☒ Performance Improvement Plan
- ☒ Unsatisfactory Performance Critique
- ☒ Employee Memos/Communication
- ☒ Incident Reports

#### TAB 4

- ☐ Application for Educational Asst.
- ☐ High School Diploma
- ☐ College Transcripts
- ☐ Professional Certifications

#### TAB 5

- ☐ Garnishment/Child Support Order

#### TAB 6

- ☒ MDOC Background check
- ☒ Family Incarcerated

#### CONFIDENTIAL FILE

- ☐ TB Test Results (if applicable)
- ☒ Benefit Acknowledgement of Receipt
- ☒ New Benefits Enrollment Form
- ☐ 401K Automatic Enrollment Form
- ☒ Beneficiary Designation 401K
- ☒ Beneficiary Designation Life Ins.
- ☐ Backup Documentation for Dependent(s)
- ☐ Benefits Waiver

#### Drug Test Binder Check

- ☐ Drug Screen Results

#### Mail

- ☐ TALX Tax Credit Questionnaire
- ☐ Form 8850
- ☐ Lawson Entry for New Hire
- ☐ Lawson Entry for Benefits

Date: \_\_\_\_\_  
Date: \_\_\_\_\_

Audit: \_\_\_\_\_ Audit: \_\_\_\_\_  
Audit: \_\_\_\_\_ Audit: \_\_\_\_\_



Management  
& Training  
Corporation

Teresa N. Aramaki, SPHR  
Vice President, Human Resources

500 N. Marketplace Dr.  
P.O. Box 10  
Centerville, UT 84014  
Direct: 801.693.2601  
Fax: 801.693.2900  
E-mail: [teresa.aramaki@mtctrains.com](mailto:teresa.aramaki@mtctrains.com)  
[www.mtctrains.com](http://www.mtctrains.com)

July 30, 2020

Erika Perkins  
452 Concordia Park  
Vidalia, LA 71373

RE: Employee Complaint  
Wilkinson County Correctional Facility

Dear Ms. Perkins,

This is in response to the complaint you submitted on June 30, 2020 regarding your demotion from Major to Captain at the Wilkinson County Correctional Facility. We wish to provide a positive, professional and productive work environment for all our employees, and we thank you for the opportunity to review your concerns.

At your request, we have conducted a thorough review of the relevant facts and documentation pertaining to your concerns. After careful review of these items, we find that the demotion was warranted and we uphold the demotion. Additionally, our records, which include a memo and offer letter both signed by yourself, indicate that the demotion was effective June 2, 2020, and that your pay was changed effective that same date.

We now consider these matters closed with no need for further action.

Best regards,

Teresa Aramaki

CC: Sara Revell, Vice President Corrections Region IV  
Scott Middlebrooks, Warden  
Jared Christensen, Director, Corporate Human Resources  
Scott Toth, Manager, Corporate Human Resources  
Kelly Pomeroy, Manager, Human Resources  
Personnel File

MTC000149

MTC

Offer of Employment

Name: Erika Perkins  
Position Title: Administrative Captain  
Facility: Wilkinson County Correctional Facility  
Start Date: 06/02/2020  
Job type: Full-Time  
Pay: \$880 weekly  
Supervisor: Craig Coil

By signing below, you understand and agree to the following:

1. You may be eligible to participate in MTC's group benefits package which includes, among other benefits, health insurance coverage and the MTC retirement plan.
2. This offer is contingent upon successful completion of an Employment Eligibility form (I-9), favorable background checks, and possessing a valid driver's license in the state of employment with an acceptable driving record. This offer is also contingent upon passing a forensic drug screen prior to employment.
3. This employment offer is for your services as needed and no contract or commitment for any stated period is involved.
4. Job and rate of pay are the sole considerations for acceptance, and you have not been influenced in any way by any promises made to you by anyone verbally or otherwise as to future status or rate of pay while an employee of the company.
5. Promotions, transfers, bonus plans, and changes in rate of pay will at all times be solely at the discretion of the company and subject to any pertinent laws, policies, and regulations now in effect or that become effective during your employment.
6. To obey all company policies regulations, and rules of conduct now in effect, or placed in effect in the future, or any changes therein or additions thereto, which may be posted at a company facility or otherwise communicated to you.
7. Upon termination of your employment, you must surrender company credit cards and company keys in your possession, and otherwise comply with company termination procedures.
8. To work the schedule and at the location to which you are assigned.
9. This offer may be contingent upon MTC obtaining written customer approval.
10. Your employment and compensation can be terminated, with or without cause and with or without notice, at any time at the option of either the company or yourself.
11. You will not at any time, whether on behalf of yourself or any other person, use, disclose, or take advantage of any confidential or proprietary information of the company, unless such use is for the benefit of the company in the course of your employment.
12. Eligibility for payment or award on all offers requires your active employment with MTC at the time of payment or award.

  
Erika Perkins

  
Date

MTC000150





**WILKINSON COUNTY CORRECTIONAL FACILITY**  
2999 U.S. Highway 61 North  
Woodville, MS 39669

## MEMORANDUM

TO: Scott Middlebrooks, Warden  
FROM: Erika Perkins, Chief of Security  
DATE: 6/2/2020  
RE: Demotion

On the above-referenced date, I, Erika Perkins, was demoted from my position as Chief of Security and accepted a position as an Administrative Captain.

A handwritten signature in black ink, appearing to be "E. Perkins", written over a horizontal line.

Signature

A handwritten date "06/04/2020" in black ink, written over a horizontal line.

Date

A handwritten signature in black ink, written over a horizontal line. The signature is stylized and appears to be a cursive "W".

Witness

A handwritten date "6-4-2020" in black ink, written over a horizontal line.

Date

MTC

Offer of Employment

Name: Erika Perkins  
Position Title: Chief of Security  
Facility: Wilkinson Cty. Corr. Facility  
Start Date: April 03, 2019  
Job type: Full-Time  
Pay: \$52,000.00 per year  
Supervisor: Scott Middlebrooks

By signing below, you understand and agree to the following:

1. You may be eligible to participate in MTC's group benefits package which includes, among other benefits, health insurance coverage and the MTC retirement plan.
2. This offer is contingent upon successful completion of an Employment Eligibility form (I-9), favorable background checks, and possessing a valid driver's license in the state of employment with an acceptable driving record. This offer is also contingent upon passing a forensic drug screen prior to employment.
3. This employment offer is for your services as needed and no contract or commitment for any stated period is involved.
4. Job and rate of pay are the sole considerations for acceptance, and you have not been influenced in any way by any promises made to you by anyone verbally or otherwise as to future status or rate of pay while an employee of the company.
5. Promotions, transfers, bonus plans, and changes in rate of pay will at all times be solely at the discretion of the company and subject to any pertinent laws, policies, and regulations now in effect or that become effective during your employment.
6. To obey all company policies regulations, and rules of conduct now in effect, or placed in effect in the future, or any changes therein or additions thereto, which may be posted at a company facility or otherwise communicated to you.
7. Upon termination of your employment, you must surrender company credit cards, and company keys in your possession, and otherwise comply with company termination procedures.
8. To work the schedule and at the location to which you are assigned.
9. This offer may be contingent upon MTC obtaining written customer approval.
10. Your employment and compensation can be terminated, with or without cause and with or without notice, at any time at the option of either the company or yourself.
11. You will not at any time, whether on behalf of yourself or any other person, use, disclose, or take advantage of any confidential or proprietary information of the company, unless such use is for the benefit of the company in the course of your employment.
12. The first 180 days of employment will be an assessment (probationary) period per MTC Policy.
13. Eligibility for payment or award on all offers requires your active employment with MTC at the time of payment or award.

  
Erika Perkins

  
Date

MTC000152



Management  
& Training  
Corporation

500 N. Marketplace Dr.  
P.O. Box 10  
Centerville, UT 84014  
Direct: 801.693.2600  
Fax: 801.693.2900  
www.mtc trains.com

June 3, 2013

Erika Perkins  
452 Concordia Park Dr  
Vidalia, LA 71373

Dear Erika,

Management & Training Corporation (MTC) is pleased to offer you the position of Captain the Wilkinson County Correctional Facility at a salary of \$676.00 per week. This new assignment will be effective July 1, 2013. Additional terms of this offer are as follows:

1. You will be eligible to participate in MTC's group benefits package which includes, among other benefits, health insurance coverage and the MTC retirement plan.
2. This offer is contingent upon successful completion of an Employment Eligibility form (I-9), favorable background checks, and possessing a valid driver's license in the state of Mississippi with an acceptable driving record. This offer is also contingent upon passing a forensic drug screen prior to employment.
3. You understand and agree that this employment offer is for your services as needed and no contract or commitment for any stated period is involved.
4. You understand and agree that this job and rate of pay are the sole considerations for acceptance, and you have not been influenced in any way by any promises made to you by anyone verbally or otherwise as to future status or rate of pay while an employee of the company.
5. You understand and agree that promotions, transfers, and changes in rate of pay will at all times be solely at the discretion of the company and subject to any pertinent laws, policies, and regulations now in effect or that become effective during your employment.
6. You agree to obey all company policies, regulations, and rules of conduct now in effect, or placed in effect in the future, or any changes therein or additions thereto, which may be posted at a company facility or otherwise communicated to you.
7. You understand and agree that upon termination of your employment, you must surrender company credit cards, any company keys in your possession, and otherwise comply with company termination procedures.

EP  
Initial

06/06/13  
Date

MTC000153

Page 2

8. You agree to work the schedule and at the location to which you are assigned.
9. You understand that your employment and compensation can be terminated, with or without cause and with or without notice, at any time at the option of either the company or yourself.
10. You agree that you will not at any time, whether on behalf of yourself or any other person, use, disclose, or take advantage of any confidential or proprietary information of the company, unless such use is for the benefit of the company in the course of your employment.
11. You understand that you first 180 days of employment as such will be an assessment (probationary) period per MTC Policy.

Please indicate your acceptance of this offer and the terms herein by signing in the signature block provided below. This is our entire offer--no other promises or representations are included. Eligibility for payment or award on all of the above, requires your active employment with MTC at the time of payment or award.

We are looking forward to your success and hope this position is challenging and provides you with great job satisfaction. We appreciate your hard work and dedication to MTC by providing the best possible services to our customers.

Sincerely,



Frank Shaw  
Warden



Employee Signature

06/06/13  
Date



Employee Name (Please Print)

MTC000154

Employee ID: 1902962 PERKINS, ERIKA L		10 BURTON HILLS BOULEVARD NASHVILLE, TN 37215		Advice Route: 1402 Advice Date: 8/31/2012 Period Start/End: 8/12/2012 To 8/25/2012		3373815	
CCA OF TENNESSEE, LLC STATEMENT OF EARNINGS AND DEDUCTIONS							
EARNINGS TYPE	HOURS	RATE	AMOUNT	DESCRIPTION	PERIOD AMOUNT	YEAR TO DATE AMOUNT	
Regular	72.00	15.587	1,122.26	----- Gross Wages	1,246.96	22,922.49	
Holiday				Federal Income Tax	52.28	1,146.19	
Bonus				Social Security W/H Employee	49.97	920.81	
Retent Bonus				Medicare Withheld Employee	17.25	317.90	
PTO Prior YR				MS State Tax	42.00	777.00	
PTO	8.00	15.587	124.70	PPO EMP P/T	44.55	773.55	
3TL			.63	DISAB. - L/T	7.41	130.03	
				VISION	3.06	55.08	
				DENTWO/S	10.33	180.34	
				401K EE CONT	62.35	1,146.16	
				CCAssist	1.00	18.00	
* Total Hours Worked/ Wages Earned	72.00		1,122.26				
* Total Paid	80.00		1,246.96	* Deductions	290.20		
* Taxable			1,126.67	* Net Wages	956.76		

MTCC000155

MTC000155



CCA OF TENNESSEE, LLC  
10 BURTON HILLS BOULEVARD  
NASHVILLE, TN 37215

# PAYMENT ADVICE

THIS IS NOT A CHECK

\* New Accounts Pre-Noted \*

ADVICE NO.: 3373815  
ADVICE DATE: 8/31/2012

Transit No.

Bank Name  
REGIONS BANK  
REGIONS BANK

Amount Deposited  
175.00  
781.76

Deposited  
For: ERIKA L PERKINS

NON-NEGOTIABLE



Management & Training  
Corporation  
Erka  
Perkins  
Applicant Basic Info

First Name	Erka
Middle Name	L
Last Name	Perkins
Email	EPerkins0375@yahoo.com
Current Address Line 1	452 Concordia Park
Current Address Line 2	
City	Vidalia
State	Louisiana
Country	United States
Zip	71373
Primary Phone	318-719-5310
Secondary Phone	

6/11  
@ 7:30 AM

Source Information

How did you hear about MTC?	Other
Additional Information	
Referred by	self
Referrer Phone	
Referrer e-mail	

Executive Summary

Summary	
Objective	
Specific Skills Area	

Additional Information

Current Working Title	
Current Company	
Current Job level	
Current Compensation	
Minimum Expected Salary	
Maximum Expected Salary	
Highest level of education	
Willing to relocate	
Years of relevant experience	
Salary Expectation Type	
Current Compensation Type	
Current Compensation Currency	
Geographic Preference	
Start Date at current company	
Date Available to Start Work	

Applicant Education

Degree Type	
Degree/Certification	
Degree Date	
Major	

<b>Responsibilities</b>	<i>Hear all pertinent information surrounding all alleged rule violations and base the final decision solely on the preponderance of the evidence presented at the hearing, render a factual finding and a fair and just punishment.</i>
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**Applicant Experience**

<b>Employer Name</b>	CCA, Corrections Corporation of America
<b>Title</b>	
<b>Position</b>	Shift Supervisor
<b>Position Type</b>	
<b>Department</b>	
<b>Start</b>	9/16/2007
<b>End</b>	10/31/2011
<b>Employer City</b>	Woodville
<b>Employer State</b>	MS
<b>Responsibilities</b>	<i>Supervise the administrative and operational shift activities of the facility, employees, and visitors. Supervise employees on each post to verify that they are aware of and follow the proper procedures for that particular post. Responsible for daily assignments to post. Schedule transport and ensure that all appointments are made.</i>

**Applicant Experience**

<b>Employer Name</b>	CCA, Corrections Corporation of America
<b>Title</b>	
<b>Position</b>	Assistant Shift Supervisor
<b>Position Type</b>	
<b>Department</b>	
<b>Start</b>	9/24/2006
<b>End</b>	9/15/2007
<b>Employer City</b>	Woodville
<b>Employer State</b>	Ms
<b>Responsibilities</b>	<i>Assist the Shift Supervisor with the operational shift activities of the facility. Supervise employees on each post and verify that they are aware of and follow the proper procedures for that post.</i>

**Applicant Experience**

<b>Employer Name</b>	CCA, Corrections Corporation of America
<b>Title</b>	
<b>Position</b>	Correctional Officer
<b>Position Type</b>	
<b>Department</b>	
<b>Start</b>	3/17/2004
<b>End</b>	9/23/2006
<b>Employer City</b>	Woodville
<b>Employer State</b>	MS
<b>Responsibilities</b>	<i>Supervise inmates to maintain security. maintain order by enforcing all rules and regulations. Assist inmates with their problems and relay it to the appropriate departments for resolution, when necessary. Control access to housing cell blocks and dormitories. maintain post logbooks and control board in the housing control room.</i>



Management & Training  
Corporation Erika  
Perkins

<b>Minor</b>	
<b>School</b>	<b>Natchez High School</b>
<b>School Type</b>	
<b>School Start Date</b>	
<b>School End Date</b>	
<b>School URL</b>	
<b>Location</b>	<b>Natchez, MS</b>
<b>GPA</b>	
<b>Comments</b>	

#### Applicant Experience

<b>Employer Name</b>	<b>CCA, Corrections Corporation of America</b>
<b>Title</b>	
<b>Position</b>	<b>Administrative Shift Supervisor</b>
<b>Position Type</b>	
<b>Department</b>	
<b>Start</b>	<b>3/17/2004</b>
<b>End</b>	
<b>Employer City</b>	<b>Woodville</b>
<b>Employer State</b>	<b>MS</b>
<b>Responsibilities</b>	<b>Supervise the administrative and operational shift activities of the facility, employees, and visitors. Supervise employees on each post to verify that they are aware of and follow the proper procedures for that particular post. Responsible for daily assignments to post. manage transportation and the transport officers and distribution/organization of the inmate drug tests. Assist with shift duties as needed.</b>

#### Applicant Experience

<b>Employer Name</b>	<b>CCA, Corrections Corporation of America</b>
<b>Title</b>	
<b>Position</b>	<b>STG Officer</b>
<b>Position Type</b>	
<b>Department</b>	
<b>Start</b>	<b>7/1/2012</b>
<b>End</b>	<b>2/27/2013</b>
<b>Employer City</b>	<b>Woodville</b>
<b>Employer State</b>	<b>MS</b>
<b>Responsibilities</b>	<b>Interview in coming inmates. identify, validate, and monitor the inmates who are members of the Security Threat group.</b>

#### Applicant Experience

<b>Employer Name</b>	<b>CCA, Corrections Corporation of America</b>
<b>Title</b>	
<b>Position</b>	<b>Disciplinary Hearing Officer</b>
<b>Position Type</b>	
<b>Department</b>	
<b>Start</b>	<b>3/1/2013</b>
<b>End</b>	<b>5/17/2013</b>
<b>Employer City</b>	<b>Woodville</b>
<b>Employer State</b>	<b>MS</b>

MTC

## Employee Personal Data Form

#48500196 3-17-04

Name ERIKA L. PERKINS Date of Hire 7-01-13 Date of Birth 03/14/1975

Social Security Number 434-23-9536 Marital Status ☐ Single ☒ Married

Address - physical (required) 452 CONCORDIA PARK Address - mailing (if different) \_\_\_\_\_

City Vidalia City \_\_\_\_\_

State LA Zip 71373 State \_\_\_\_\_ Zip \_\_\_\_\_

County Concordia County \_\_\_\_\_

Home Phone (318)336-4512 Cell Phone (318)719-5310 E-mail EPERKINS0315@YAHOO

Name ERIC G. PERKINS Emergency Contact Relationship HUSBAND

Home Phone (318)336-4512 Cell Phone (504)858-7340

Address 452 CONCORDIA PARK Vidalia, LA 71373

## Invitation to Self-Identify

## PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice. It is unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

MTC is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the company invites applicants and employees to voluntarily self-identify their gender, race and ethnicity.

Submission of this information will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

What is your gender and race/ethnicity? You may mark only one.

Gender: ☐ Male ☒ Female

☐ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

☐ **White** (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☒ **Black or African American** (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islanders.

☐ **Asian** (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **Asian** (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **Asian** (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **American Indian or Alaska Native** (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

☐ **Two or more races** (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

Eric G. Perkins  
Employee Signature

06/11/13  
Date

MTC000159



Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<b>Employee's Withholding Certificate</b>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold;">2022</div>	
<p>▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.          ▶ Give Form W-4 to your employer.          ▶ Your withholding is subject to review by the IRS.</p>			
<b>Step 1:</b> Enter Personal Information	(a) First name and middle initial <i>ERIKA L</i>	Last name <i>PERKINS</i>	(b) Social security number <i>434 23 9536</i>
	Address <i>452 CONCORDIA PARK DRIVE</i>		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code <i>Vidalia LA 71373</i>		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input checked="" type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

<b>Step 2:</b> Multiple Jobs or Spouse Works	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following. (a) Use the estimator at <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> for most accurate withholding for this step (and Steps 3-4); or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld. . . . ▶ <input type="checkbox"/> <b>TIP:</b> To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.
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Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 . . . . ▶ \$ _____ Add the amounts above and enter the total here . . . . .	3 \$ <i>3</i>
<b>Step 4:</b> (optional): Other Adjustments	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	4(a) \$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	4(b) \$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	4(c) \$ _____

<b>Step 5:</b> Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 60%;">             Employee's signature (This form is not valid unless you sign it.)         </div> <div style="width: 35%; text-align: right;"> <div style="font-size: 1.5em; font-weight: bold;">02/07/22</div>            Date         </div> </div>		
<b>Employers          Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Cat. No. 10220Q

Form **W-4** (2022)

FMG 2-7-2022

MTC000160

**W-4**  
Form  
(Rev. December 2020)  
Department of the Treasury  
Internal Revenue Service

# Employee's Withholding Certificate

OMB No. 1545-0074

**2021**

- ▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
▶ Give Form W-4 to your employer.  
▶ Your withholding is subject to review by the IRS.

**Step 1:**  
**Enter**  
**Personal**  
**Information**

(a) First name and middle initial <b>ERIKA L</b>	Last name <b>TORKINS</b>	(b) Social security number <b>434-23-9536</b>
Address <b>452 CONCORDIA PARK DRIVE</b>		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code <b>Vidalia LA 71373</b>		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input checked="" type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**Step 2:**  
**Multiple Jobs**  
**or Spouse**  
**Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.  
Do **only one** of the following.

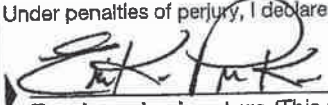
- (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4); or  
(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or  
(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ☐

**TIP:** To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim</b> <b>Dependents</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$		
	Multiply the number of other dependents by \$500 . . . . . ▶ \$		
	Add the amounts above and enter the total here . . . . .	3	\$ 3
<b>Step 4</b> <b>(optional):</b> <b>Other</b> <b>Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	4(a)	\$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	4(b)	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	4(c)	\$

**Step 5:**  
**Sign**  
**Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.  
  
Employee's signature (This form is not valid unless you sign it.) Date **05/13/2021**

**Employers**  
**Only**

Employer's name and address

First date of employment

Employer identification number (EIN)

FMG 5-14-21

MTC000161



<b>Form W-4</b> (Rev. December 2020) Department of the Treasury Internal Revenue Service	<b>Employee's Withholding Certificate</b>		OMB No. 1545-0074  <b>2021</b>
	▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. ▶ Give Form W-4 to your employer. ▶ Your withholding is subject to review by the IRS.		
<b>Step 1:</b> <b>Enter</b> <b>Personal</b> <b>Information</b>	(a) First name and middle initial <i>ERIKA L.</i>	Last name <i>PARKINS</i>	(b) Social security number <i>434 23 9536</i>
	Address <i>452 CONCORDIA PARK DRIVE</i>		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213; or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code <i>Vidalia LA 71373</i>		
	(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

<b>Step 2:</b> <b>Multiple Jobs</b> <b>or Spouse</b> <b>Works</b>	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.  Do only one of the following. (a) Use the estimator at <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> for most accurate withholding for this step (and Steps 3–4); or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . <input type="checkbox"/>
	<b>TIP:</b> To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim</b> <b>Dependents</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):  Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____  Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____  Add the amounts above and enter the total here . . . . . <b>3</b> \$ _____
	<b>Step 4 (optional):</b> <b>Other</b> <b>Adjustments</b>
(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .  (b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .  (c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	4(a) \$ _____  4(b) \$ _____  4(c) \$ _____

<b>Step 5:</b> <b>Sign</b> <b>Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. <div style="text-align: center;"><i>Exempt</i></div>		
	Employee's signature (This form is not valid unless you sign it.) <i>[Signature]</i>		Date <i>04/16/2021</i>
<b>Employers</b> <b>Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Cat. No. 10220Q

Form W-4 (2021)

FmG 4.16.21

MTC000162

Form W-4 (2021)

Page 3

**Step 2(b)—Multiple Jobs Worksheet** (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3. 1 \$ \_\_\_\_\_
- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a. 2a \$ \_\_\_\_\_
  - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b. 2b \$ \_\_\_\_\_
  - c Add the amounts from lines 2a and 2b and enter the result on line 2c. 2c \$ \_\_\_\_\_
- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3 \_\_\_\_\_
- 4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld). 4 \$ \_\_\_\_\_

**Step 4(b)—Deductions Worksheet** (Keep for your records.)

- 1 Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. 1 \$ \_\_\_\_\_
- 2 Enter: 

{	<ul style="list-style-type: none"> <li>• \$25,100 if you're married filing jointly or qualifying widow(er)</li> <li>• \$18,800 if you're head of household</li> <li>• \$12,550 if you're single or married filing separately</li> </ul>	}
---	---	---

2 \$ \_\_\_\_\_
- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-". 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information. 4 \$ \_\_\_\_\_
- 5 Add lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4. 5 \$ \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

MTC000163



Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<b>Employee's Withholding Certificate</b>		OMB No. 1545-0074
	<p>▶ <b>Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.</b></p> <p>▶ <b>Give Form W-4 to your employer.</b></p> <p>▶ <b>Your withholding is subject to review by the IRS.</b></p>		<b>2020</b>
<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial <i>ERIKA L.</i>	Last name <i>PERKINS</i>	(b) Social security number <i>434-23-9536</i>
	Address <i>452 CONCORDIA PARK DRIVE</i>		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code <i>Vidalia LA 71373</i>		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input checked="" type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2:**  
**Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4); or

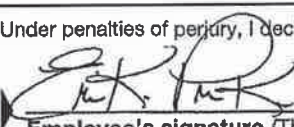
(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶ ☐

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):	
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$	
	Multiply the number of other dependents by \$500 . . . . . ▶ \$	
	Add the amounts above and enter the total here . . . . .	<b>3</b> \$
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b> \$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b> \$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b> \$ <i>Exempt</i>

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	 Employee's signature (This form is not valid unless you sign it.)		Date <i>10/05/2020</i>
<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Cat. No. 10220Q

Form **W-4** (2020)

FmG 10-5-20

MTC000164



## Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had **no** tax liability, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

### General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

#### Line C. Head of household please note:

Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

#### Line F. Credit for other dependents.

When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2019</b>
1 Your first name and middle initial <b>Erika L</b>		Last name <b>FERKINS</b>		2 Your social security number <b>434-28-9536</b>
Home address (number and street or rural route) <b>452 Concordia Park Drive</b>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code <b>Vidalia, LA 71373</b>		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		6 Additional amount, if any, you want withheld from each paycheck		7 <b>3</b>
8 I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption.		9 <b>\$</b>		
• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, and				
• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.				
If you meet <b>both</b> conditions, write "Exempt" here.		7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) <b>Erika L. Ferkins</b>		Date <b>01/29/2020</b>		
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

CaL No. 10220Q

Form W-4 (2019)

Fm G 1-27-20

MTC000165



## Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2019 if both of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

### General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

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using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

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**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

### Specific Instructions

#### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> ▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 <b>2019</b>	
1 Your first name and middle initial <b>Erika L.</b>		Last name <b>PERKINS</b>		2 Your social security number <b>434-23-9536</b>	
Home address (number and street or rural route) <b>452 CONCORDIA PARK DRIVE</b>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code <b>Vidalia, LA 71373</b>		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		6 Additional amount, if any, you want withheld from each paycheck		7 <input type="checkbox"/> Exempt	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature **[Signature]** Date **11/25/19**

(This form is not valid unless you sign it.)

Form W-4 (2019)

Page 3

**Personal Allowances Worksheet (Keep for your records.)**

- A** Enter "1" for yourself . . . . . **A** \_\_\_\_\_
- B** Enter "1" if you will file as married filing jointly . . . . . **B** \_\_\_\_\_
- C** Enter "1" if you will file as head of household . . . . . **C** \_\_\_\_\_
- D** Enter "1" if:   
     • You're single, or married filing separately, and have only one job; or   
     • You're married filing jointly, have only one job, and your spouse doesn't work; or   
     • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.   
**D** \_\_\_\_\_
- E** **Child tax credit.** See Pub. 972, Child Tax Credit, for more information.   
     • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child.   
     • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child.   
     • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child.   
     • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . . **E** \_\_\_\_\_
- F** **Credit for other dependents.** See Pub. 972, Child Tax Credit, for more information.   
     • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent.   
     • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).   
     • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" . . . . . **F** \_\_\_\_\_
- G** **Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F . . . . . **G** \_\_\_\_\_
- H** Add lines A through G and enter the total here . . . . . **H** \_\_\_\_\_

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the Deductions, Adjustments, and Additional Income Worksheet below.
- If you have more than one job at a time or are married filing jointly and you and your spouse both work, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the Two-Earners/Multiple Jobs Worksheet on page 4 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 above.

**Deductions, Adjustments, and Additional Income Worksheet**

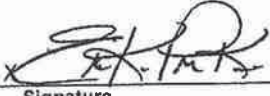
**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

- 1** Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details . . . . . **1** \$ \_\_\_\_\_
- 2** Enter:   
     \$24,400 if you're married filing jointly or qualifying widow(er)   
     \$18,350 if you're head of household   
     \$12,200 if you're single or married filing separately   
     . . . . . **2** \$ \_\_\_\_\_
- 3** Subtract line 2 from line 1. If zero or less, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) . . . . . **4** \$ \_\_\_\_\_
- 5** Add lines 3 and 4 and enter the total . . . . . **5** \$ \_\_\_\_\_
- 6** Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) . . . . . **6** \$ \_\_\_\_\_
- 7** Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . . **7** \$ \_\_\_\_\_
- 8** Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . . **8** \_\_\_\_\_
- 9** Enter the number from the **Personal Allowances Worksheet**, line H, above . . . . . **9** \_\_\_\_\_
- 10** Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 . . . . . **10** \_\_\_\_\_

MTC000167



# HOPE FEDERAL CREDIT UNION DIRECT DEPOSIT AUTHORIZATION FORM

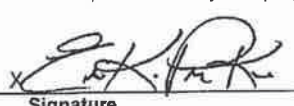
MEMBER INFORMATION																		
Member Name: ERIKA LASHANE PERKINS	SSN/TIN: 434239536																	
Street: 452 CONCORDIA PARK																		
City/State/Zip: VIDALIA, LA 71373	Email: EPERKINS0375@YAHOO.COM																	
Home Phone: 318-421-1007	Work Phone: 601-888-3199	Mobile Phone:																
Employer: WILKINSON COUNTY	Employer Address:																	
<div style="text-align: center;"> <input checked="" type="checkbox"/> Initial Authorization    <input type="checkbox"/> Change in Authorization         </div> <p style="font-size: small;">I hereby authorize my Employer to deduct from my payroll the amounts set forth below and to deposit these funds at Hope Federal Credit Union (herein after "Hope Credit Union") for each payroll period following receipt of this Authorization until further notice from me. If this is a change in a previous Authorization, I instruct my Employer to follow this Authorization.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;">           ERIKA LASHANE PERKINS            Printed Name         </div> <div style="width: 30%; text-align: center;">             Signature         </div> <div style="width: 20%; text-align: center;">           03/05/20            Date         </div> </div>																		
DIRECT DEPOSIT INFORMATION																		
Direct Deposit Amount: <input type="checkbox"/> Total Check    \$ <u>200.00</u> Per Payroll Period																		
First Deposit Date: <u>03/06/20</u> Payroll Frequency: <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly																		
Routing Number (ABA R/T): <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">0</td> <td style="width: 12.5%;">6</td> <td style="width: 12.5%;">5</td> <td style="width: 12.5%;">3</td> <td style="width: 12.5%;">8</td> <td style="width: 12.5%;">2</td> <td style="width: 12.5%;">5</td> <td style="width: 12.5%;">1</td> <td style="width: 12.5%;">4</td> </tr> </table>			0	6	5	3	8	2	5	1	4							
0	6	5	3	8	2	5	1	4										
Account Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings																		
Account Number: Member Number: 0000175103 <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">0</td> <td style="width: 12.5%;">0</td> <td style="width: 12.5%;">0</td> <td style="width: 12.5%;">0</td> <td style="width: 12.5%;">1</td> <td style="width: 12.5%;">7</td> <td style="width: 12.5%;">5</td> <td style="width: 12.5%;">1</td> <td style="width: 12.5%;">0</td> <td style="width: 12.5%;">3</td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>			0	0	0	0	1	7	5	1	0	3						
0	0	0	0	1	7	5	1	0	3									
Loan Number: _____ \$ _____																		
Other Account Number: _____ \$ _____																		
Need help with this form? Call toll-free, 1-866-321-HOPE.																		

Federally Insured by NCUA  
EDPA-06

Fm G 3-5-20

MTC000168

# HOPE FEDERAL CREDIT UNION DIRECT DEPOSIT AUTHORIZATION FORM

MEMBER INFORMATION																		
Member Name: ERIKA LASHANE PERKINS	SSN/TIN: 434239536																	
Street: 452 CONCORDIA PARK																		
City/State/Zip: VIDALIA, LA 71373	Email: EPERKINS0375@YAHOO.COM																	
Home Phone: 318-421-1007	Work Phone: 601-888-3199      Mobile Phone:																	
Employer: WILKINSON COUNTY	Employer Address:																	
<div style="text-align: center;"> <input checked="" type="checkbox"/> Initial Authorization      <input type="checkbox"/> Change in Authorization         </div> <p>I hereby authorize my Employer to deduct from my payroll the amounts set forth below and to deposit these funds at Hope Federal Credit Union (herein after "Hope Credit Union") for each payroll period following receipt of this Authorization until further notice from me. If this is a change in a previous Authorization, I instruct my Employer to follow this Authorization.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;">           ERIKA LASHANE PERKINS            Printed Name         </div> <div style="width: 30%; text-align: center;">             Signature         </div> <div style="width: 20%; text-align: center;">           03/05/20            Date         </div> </div>																		
DIRECT DEPOSIT INFORMATION																		
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Account Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings																		
Account Number: 1500000175103 <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>1</td><td>5</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>1</td><td>7</td><td>5</td><td>1</td><td>0</td><td>3</td><td></td><td></td><td></td><td></td> </tr> </table>		1	5	0	0	0	0	0	1	7	5	1	0	3				
1	5	0	0	0	0	0	1	7	5	1	0	3						
Loan Number: _____ \$ _____																		
Other Account Number: _____ \$ _____																		
Need help with this form? Call toll-free, 1-866-321-HOPE.																		

Federally Insured by NCUA  
EDPA-06

FMG 3-5-20

MTC000169

## Form W-4 (2018)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2018 if both of the following apply.

- For 2017 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2018 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

### General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

#### Line C. Head of household please note:

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

**Line F. Credit for other dependents.** When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

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<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> ▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 <b>2018</b>	
1 Your first name and middle initial <b>ERIKA L</b>		Last name <b>PERKINS</b>		2 Your social security number <b>434-23-9536</b>	
Home address (number and street or rural route) <b>452 CONCORDIA PARK DRIVE</b>		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code <b>Vidalia, LA 71373</b>		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		6 Additional amount, if any, you want withheld from each paycheck		7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here.	
5 <b>3</b>		6 <b>\$</b>		7 <b>7</b>	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) <b>[Signature]</b>					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	
Date <b>01/04/19</b>					



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### General Instructions

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<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> OMB No. 1545-0074 <b>2018</b>	
1 Your first name and middle initial <b>ERIKA L.</b>		2 Your social security number <b>434-23-9536</b>	
Last name <b>PERKINS</b>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."	
Home address (number and street or rural route) <b>452 CONCORDIA PARK DRIVE</b>		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>	
City or town, state, and ZIP code <b>VICTALIA LA 71373</b>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption.			
• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and			
• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.			
If you meet both conditions, write "Exempt" here.		<b>7 EXEMPT</b>	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.			
Employee's signature (This form is not valid unless you sign it.) <b>E. Perkins</b>		Date <b>11/13/18</b>	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment	
		10 Employer identification number (EIN)	

FMG 11-19-2018

MTC000171



**Form W-4 (2018)**

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**Exemption from withholding.** You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

**General Instructions**

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Specific Instructions****Personal Allowances Worksheet**

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:**

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

**Line F. Credit for other dependents.** When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2018</b>	
1 Your first name and middle initial <i>ERIKA PERKINS</i>		Last name <i>PERKINS</i>		2 Your social security number <i>434-23-9536</i>	
Home address (number and street or rural route) <i>452 CONCORDIA PARK DRIVE</i>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code <i>Vidalia, LA 71373</i>		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5 <i>3</i>	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet <b>both</b> conditions, write "Exempt" here.					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) <i>Erika Perkins</i>				Date <i>07/12/18</i>	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)				9 First date of employment	
				10 Employer identification number (EIN)	

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 10220Q

Form **W-4** (2018)

FMG 7-16-2018

MTC000172

**Form W-4 (2018)**

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of all federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of all federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

**General Instructions**

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Specific Instructions****Personal Allowances Worksheet**

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:**

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

**Line F. Credit for other dependents.** When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

<b>W-4</b> Form Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> ▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 <b>2018</b>	
1 Your first name and middle initial <b>ERIKA</b>		Last name <b>PARKINS</b>		2 Your social security number <b>434-23-9536</b>	
Home address (number and street or rural route) <b>452 CONCORDIA PARK DRIVE</b>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code <b>Vidalia, LA 71373</b>		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5		6 \$	
6 Additional amount, if any, you want withheld from each paycheck		6			
7 I claim exemption from withholding for 2018, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had <b>no</b> tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here.		7		<b>EXEMPT</b>	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶ <b>E. Parkins</b>		Date ▶ <b>06/04/18</b>			
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 10220Q

Form W-4 (2018)

FMG 6-3-2018

MTC000173



**Form W-4 (2017)**

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

**Personal Allowances Worksheet (Keep for your records.)**

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>1</u>
<b>B</b>	Enter "1" if: • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. . . . .	<b>B</b>	<u>1</u>
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>1</u>
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>2</u>
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b>	<u>1</u>
<b>F</b>	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit . . . . .	<b>F</b>	<u>1</u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. . . . .	<b>G</b>	<u>3</u>
<b>H</b>	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<u>3</u>

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 <b>2017</b>
1 Your first name and middle initial <b>Erika L.</b>		Last name <b>PERKINS</b>		2 Your social security number <b>434-23-9536</b>
Home address (number and street or rural route) <b>452 Concordia Park Drive</b>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code <b>Vidalia, LA 71373</b>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>3</u>		
6 Additional amount, if any, you want withheld from each paycheck		6 \$		
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. ▶ <u>7</u>				
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) <i>Erika Perkins</i>		Date ▶ <u>01.10.18</u>		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)



**Form W-4 (2017)**

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you aren't exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

**Personal Allowances Worksheet (Keep for your records.)**

A	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	A	_____
B	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .	B	_____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit . . . . .	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 503, Child and Dependent Care Expenses, for details. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. . . . .	G	_____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	_____

For accuracy, complete all worksheets that apply.   
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.   
 • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.   
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 <b>2017</b>
1 Your first name and middle initial <b>ERIKA</b>		Last name <b>PERKINS</b>		2 Your social security number <b>434-23-9536</b>
Home address (number and street or rural route) <b>452 CONCORDIA PARK DRIVE</b>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code <b>Vidalia LA 71373</b>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		6 \$		
6 Additional amount, if any, you want withheld from each paycheck		7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. ▶ <b>EXEMPT</b>		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) <b>Erika Perkins</b>		Date ▶ <b>12/05/2017</b>		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)



**Form W-4 (2017)**

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

**Personal Allowances Worksheet (Keep for your records.)**

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent	<b>A</b>	<u>1</u>
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You're single and have only one job; or</li> <li>• You're married, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	<u>    </u>
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	<b>C</b>	<u>    </u>
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return	<b>D</b>	<u>1</u>
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above)	<b>E</b>	<u>1</u>
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	<u>    </u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.</li> <li>• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.</li> </ul>	<b>G</b>	<u>3</u>
<b>H</b>	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.)	<b>H</b>	<u>3</u>

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> OMB No. 1545-0074 <b>2017</b>	
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.			
1 Your first name and middle initial <b>ERIKA L.</b>		2 Your social security number <b>434-23-9536</b>	
Last name <b>PERKINS</b>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
Home address (number and street or rural route) <b>452 CONCORDIA PARK DRIVE</b>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>	
City or town, state, and ZIP code <b>Vidalia LA 71373</b>		5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) <b>3</b>	
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <b>    </b>	
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here. <b>7</b>			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.			
Employee's signature (This form is not valid unless you sign it.) <b>Erika Perkins</b>		Date <b>06-28-17</b>	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	
10 Employer identification number (EIN)			

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form W-4 (2017)

FMC, 7-3-17

MTC000176



**Form W-4 (2017)**

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

**Personal Allowances Worksheet (Keep for your records.)**

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: <div style="border-left: 1px solid black; padding-left: 10px; margin-left: 10px;">           • You're single and have only one job; or            • You're married, have only one job, and your spouse doesn't work; or            • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.         </div>	<b>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)</b>		
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b> _____
For accuracy, complete all worksheets that apply. <div style="border-left: 1px solid black; padding-left: 10px; margin-left: 10px;">           • If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.            • If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.            • If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.         </div>		

Separate here and give Form W-4 to your employer. Keep the top part for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold;">2017</div>
1 Your first name and middle initial <b>ERIKA L.</b>		Last name <b>PARKINS</b>		2 Your social security number <b>434-23-9536</b>
Home address (number and street or rural route) <b>452 CONCORDIA PARK DRIVE</b>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code <b>Vidalia, LA 71373</b>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		6 \$		
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had <b>no tax liability</b> , and • This year I expect a refund of all federal income tax withheld because I expect to have <b>no tax liability</b> . If you meet both conditions, write "Exempt" here. ▶ <b>7 EXEMPT</b>				
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶ <b>Erika L. Parkins</b>		Date ▶ <b>05-31-17</b>		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2017)

FmG 6-2-2017

MTC000177



**Form W-4 (2017)**

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

**Personal Allowances Worksheet (Keep for your records.)**

A	Enter "1" for yourself if no one else can claim you as a dependent	A	1
B	Enter "1" if: <div style="border-left: 1px solid black; padding-left: 10px; margin-left: 10px;">           • You're single and have only one job; or            • You're married, have only one job, and your spouse doesn't work; or            • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.         </div>	B	1
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	1
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	2
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	1
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	1
G	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G	4
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.)	H	4

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold;">2017</div>	
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.			
1 Your first name and middle initial <i>ERIKA</i>		2 Your social security number <i>494-23-9536</i>	
Last name <i>PARKINS</i>			
Home address (number and street or rural route) <i>452 Concordia Park Drive</i>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code <i>Vidalia, LA 71373</i>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <i>4</i>	
6 Additional amount, if any, you want withheld from each paycheck		6 \$	
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption.			
• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.			
If you meet both conditions, write "Exempt" here		7	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.			
Employee's signature (This form is not valid unless you sign it.) <i>Erika Perkins</i>		Date <i>01-17-17</i>	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		10 Employer identification number (EIN)	
9 Office code (optional)			

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form W-4 (2017)

FmG 1-18-2017

MTC000178



**Form W-4 (2016)**

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

**Personal Allowances Worksheet (Keep for your records.)**

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b> _____
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.</li> <li>• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .</li> </ul>	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.)	<b>H</b> _____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 <b>2016</b>
1 Your first name and middle initial <u>Erika L.</u>		2 Your social security number <u>434-23-9536</u>		
Home address (number and street or rural route) <u>452 Concordia Park Drive</u>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code <u>Vidalia LA 71373</u>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		6 \$		
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here. <u>Exempt</u>				
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) <u>Erika L. Perkins</u>		Date <u>11.15.16</u>		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)



**Form W-4 (2013)**

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

**Personal Allowances Worksheet (Keep for your records.)**

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>1</u>
<b>B</b>	Enter "1" if: <div style="display: inline-block; vertical-align: top;"> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> </div>	<b>B</b>	<u>    </u>
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>    </u>
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>1</u>
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>0</u>
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b>	<u>    </u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.</li> <li>• If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child . . . . .</li> </ul>	<b>G</b>	<u>    </u>
<b>H</b>	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ <b>H</b>	<b>H</b>	<u>2</u>

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service	<b>Employee's Withholding Allowance Certificate</b> ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold;">2013</div>
1 Your first name and middle initial <u>ERIKA L.</u> Last name <u>LARKINS</u>		2 Your social security number <u>434-23-9536</u>
Home address (number and street or rural route) <u>452 CONCORDIA PARK</u>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code <u>Vidalia, LA 71373</u>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>2</u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u>    </u>
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶ <b>7</b>		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) <u>Erika Larkins</u>		Date ▶ <u>06/14/13</u>
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) <u>    </u> 10 Employer identification number (EIN) <u>    </u>



Form 89-350-10-1 Rev.1/10

State Tax Commission  
P.O. Box 960  
Jackson Mississippi 39205

## MISSISSIPPI EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

IMPORTANT: THIS CERTIFICATE MAY BE USED FOR PAY PERIODS IN CALENDAR YEAR 2010 and after

Employee's Name ERIKA L. FARKINS SSN 434-23-9536 Date of Birth 03/14/1975  
Employee's Residence Address 452 CONCORDIA PARK Vidalia, LA 71373  
Number and Street City or Town State Zip Code

CLAIM YOUR WITHHOLDING PERSONAL EXEMPTION		Amount Claimed
<b>Marital Status</b>		
1. Single	( ) Enter \$6,000 as exemption.....	\$ <u>6,000</u>
2. Married (Check One)	(a) ( ) Spouse NOT employed: Enter \$12,000.....	\$
	(b) ( ) Spouse IS employed: Enter that part of \$12,000 claimed by you, in multiples of \$500. See instructions 2(b) below.....	\$
3. Head of Family	( ) Enter \$9,500 as exemption. To qualify as head of family, you must be single and have a dependent living in the home with you. See instructions 2(c) & (d) below.....	\$ <u>9,500</u>
4. Dependents	You may claim \$1,500 for each dependent,* other than for taxpayer and spouse, who receives chief support from you and who qualifies as a dependent for Federal income tax purposes. *A head of family may claim \$1,500 for each dependent excluding the one which qualifies you as head of family. Multiply number of dependents claimed by you by \$1,500. Enter amount claimed.....	\$ <u>1,500</u>
5. Age and Blindness Exemption	Age 65 or older ( ) Husband ( ) Wife ( ) Single Blind ( ) Husband ( ) Wife ( ) Single Multiply number of blocks checked by \$1,500. Enter amount claimed..... Note: No exemption allowed for age or blindness for dependents.	\$ <u>7,500</u>
6. TOTAL AMOUNT OF EXEMPTION CLAIMED - Lines 1 through 5.....		\$
7. Additional dollar amount withholding per pay period if agreed to by your employer.....		\$
8. If you meet the conditions set forth under the Service Member Civil Relief, as amended by the Military Spouses Residency Relief Act and have no Mississippi tax liability, write "Exempt" on line 8. You must attach a copy of the Federal Form DD-2058 and a copy of your Military Spouse ID Card to this form so your employer can validate the exemption claim.....		

**EMPLOYEE:**  
File this form with your employer. Otherwise, he must withhold Mississippi income tax from the full amount of your wages.

**EMPLOYER:**  
Keep this certificate with your records. If the employee is believed to have claimed excess exemption, the State Tax Commission should be advised.

Effective only for pay periods in 2000 and after

Military Spouses Residency Relief Act Exemption from Mississippi Withholding

I declare under the penalties imposed for filing false reports that the amount of exemption claimed on this certificate does not exceed the amount to which I am entitled, or I am entitled to claim exempt status.

Employee's Signature: Erika L. FarkinsDate: 06/11/13

## INSTRUCTIONS

## 1. THE PERSONAL EXEMPTIONS ALLOWED ARE:

- Single individuals - \$6,000
- Married individuals (jointly) - \$12,000
- Head of family - \$9,500
- Dependents - \$1,500
- Aged 65 and over - \$1,500
- Blindness - \$1,500

## 2. CLAIMING PERSONAL EXEMPTIONS:

- SINGLE INDIVIDUALS** enter \$6,000 on Line 1.
- MARRIED INDIVIDUALS** are allowed a joint exemption of \$12,000. If the spouse is not employed, enter \$12,000 on Line 2(a). If the spouse is employed, the exemption of \$12,000 may be divided between taxpayer and spouse in any manner they choose - in multiples of \$500. For example - taxpayer may claim \$6,500 and spouse claims \$5,500; or taxpayer may claim \$8,000 and spouse claims \$4,000. The total claimed by taxpayer and spouse may not exceed \$12,000. Enter amount claimed by you on Line 2(b).
- A HEAD OF FAMILY** is a single individual who maintains a home which is the principal place of abode for himself and at least one dependent. Single individuals qualifying as a head of family enter \$9,500 on Line 3. If the taxpayer has more than one dependent, additional exemptions are applicable. See item (d).
- An additional exemption of \$1,500 may generally be claimed for each dependent of the taxpayer. A dependent is any relative who receives chief support from the taxpayer and who qualifies as a dependent for Federal income tax purposes. Head of family individuals may claim an additional exemption for each dependent excluding the one which is required for head of family status. For example, a head of family taxpayer has 2 dependent children and his dependent mother living with him. The taxpayer may claim 2 additional exemptions. Married or single individuals may claim an additional exemption for each dependent, but should not include themselves or their spouse. Married taxpayers may divide the number of their dependents between them in any manner they choose; for example, a married couple has 3 children who qualify

as dependents. The taxpayer may claim 2 dependents and the spouse 1; or the taxpayer 3 and the spouse none. Enter the amount of dependent exemption on line 4.

- An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both have reached the AGE of 65 before the close of the taxable year. No additional exemption is authorized for dependents by reason of age. Check applicable blocks on Line 5.
- An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both are BLIND. No additional exemption is authorized for dependents by reason of blindness. Check applicable blocks on Line 5. Multiply number of blocks checked on Line 5 by \$1,500 and enter amount of exemption claimed.

## 3. TOTAL EXEMPTION CLAIMED:

Add the amount of exemptions claimed in each category and enter the total on Line 6. This amount will be used as a basis for withholding income tax under the appropriate withholding tables.

## 4. A NEW EXEMPTION CERTIFICATE MUST BE FILED WITH YOUR EMPLOYER WITHIN 30 DAYS AFTER ANY CHANGE IN YOUR EXEMPTION STATUS.

## 5. PENALTIES ARE IMPOSED FOR WILLFULLY SUPPLYING FALSE INFORMATION OR WILLFUL FAILURE TO SUPPLY INFORMATION WHICH WOULD REDUCE THE WITHHOLDING EXEMPTION.

## 6. IF THE EMPLOYEE FAILS TO FILE AN EXEMPTION CERTIFICATE WITH HIS EMPLOYER, INCOME TAX MUST BE WITHHELD BY THE EMPLOYER ON TOTAL WAGES WITHOUT THE BENEFIT OF EXEMPTION.

## 7. IMPORTANT: USE THIS FORM ONLY FOR PAY PERIODS IN 2000 AND AFTER.

## 8. To comply with the Military Spouses Residency Relief Act (PL 111-97) Signed into law November 11, 2009.

MTC000181

MTC

## Authorization Agreement for Direct Deposit

To enclose  
a deposit  
account  
sample

ERIKA PERKINS  
DL La 008805477 318-336-5064  
Emp: W C C F  
452 Concordia Park Dr  
Vidalia, LA 71373

1086  
85-543/653

PAY TO THE  
ORDER OF

DATE

\$

DOLLARS



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Back

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MP

⑆065305436⑆ 0094794111⑈ 1088

Harland Clarke

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## Account Information

☒ New Account

☐ Update Existing Account

If you elect to use direct deposit, your entire check will be deposited. The entire amount of your check will automatically be deposited into your main account, unless you elect to have a certain dollar amount deposited into a secondary account. If you do elect to have a certain dollar amount deposited into a secondary account, then your total deposit, minus that amount, will be deposited into your main account.

- Main Account:** Bank Name / City / State Regions Natchez, MS  
 Routing/Transit # 065305436 Account # 0094794111  
☒ Checking ☐ Savings ☐ Other **Entire net amount will be deposited in this account**
- Secondary Account:** Bank Name / City / State Regions Natchez, MS  
 Routing/Transit # 065305436 Account #                       
☐ Checking ☒ Savings ☐ Other I wish to deposit: \$ 175.00

## Please Read and Sign

I hereby authorize Management & Training Corporation to initiate deposits to my account as indicated above, to the depository named above, and to credit the same to such account if deposits are made in error. This authority will remain in effect until I file a new Authorization Agreement.

Employee Name ERIKA L. PERKINS

Employee Number                     

Employee Signature Erika Perkins

Date 06/11/13

Entered  
6/21/13  
KSB

MTC000182



Sales and Service



## Authorization for Automatic Payroll Deposits

I, ERIKA PERKINS, hereby authorize and instruct

M T C PAYROLL (the "company") to deposit the amount of each of my payroll payments directly into my checking and/or savings account indicated below in the amounts indicated below in the Deposit Instructions and to make any such withdrawals directly from my account or accounts as are necessary to correct any incorrect deposit by the Company under this Authorization.

I further hereby authorize and instruct Regions Bank (the "Bank") to accept such automatic deposits to or withdrawals from my account or accounts by the Company and to cause my account or accounts to be automatically credited or debited (as the case may be) in the amount of such deposits or withdrawals by the Company without any responsibility for correctness of any such deposit or withdrawal.

### Deposit Instructions

Initial Please deposit the full amount of each of my payroll payments to my CHECKING account:

EP Initial Routing Number Account Number

Initial Please deposit the full amount of each of my payroll payments to my SAVINGS account:

Initial Routing Number 065305436 0107097069  
Account Number

Initial Please deposit the full amount, indicated below, of each of my payroll payments to my SAVINGS account and the remainder of each payroll payments to my CHECKING account:

Savings Acct: \$                      Routing Number                      Account Number                     

Checking Acct: \$ Remainder Routing Number                      Account Number                     

I understand that I can cancel this authorization at any time. To cancel, I must give written notice to both the Company and the Bank. My cancellation will become effective as to the Company when the Company receives my notice of cancellation and has had a reasonable period of time upon which to act on it. Any automatic deposits to or withdrawals from my account or accounts by the Company up until that time will be authorized by this authorization. My cancellation of this authorization will become effective as to the credits or debits made to my account or accounts by the Bank when the Bank receives my notice of cancellation and has had a reasonable period of time upon which to act on it. Any automatic credits or debits made to my account or accounts by the Bank up until that time will be authorized by this authorization.

I further understand that all automatic deposits and credits to or withdrawals and debits from my account or accounts under this authorization will be subject to all rules, regulations, agreements and disclosure statements of the Company and the Bank governing accounts and preauthorized transfers to and from accounts.

By signing, I acknowledge receiving and agree to each and every term, condition, and provision of the Deposit Agreement (including, without limitation, the ARBITRATION AND WAIVER OF JURY TRIAL provisions for changing the terms thereof) and related disclosures for this account.

I hereby state that I received a completed copy of this authorization on the date I signed this authorization.

Name: ERIKA PERKINS

Signature: [Signature] 06/11/2013  
Date

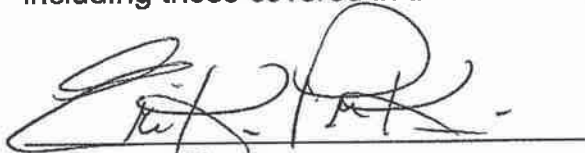


A Leader in Social Impact

### RECEIPT OF MTC EMPLOYEE HANDBOOK

I acknowledge receipt of Management & Training Corporation's Employee Handbook dated July 2016. I recognize that MTC policies must be adhered to and understand that it is my responsibility to be familiar with company policies and seek clarification from my supervisor or human resources if I have questions. I understand that all policies are also available to me at [www.mtctrains.com](http://www.mtctrains.com) and through my human resources office.

I understand the employee handbook, as well as any other handbooks, policies, procedures, summary plan descriptions, or other personnel materials, does not create a binding employment contract between MTC and any employee. I also understand that MTC expressly reserves the right to change any of the policies, procedures or rules, including those covered in this handbook, at any time.

  
Employee Signature

08.11.16  
Date

Erika Perkins

Print Name

**Merit Increase Memo**

**TO:** Erika Perkins  
**cc:** Personnel File  
**FROM:** Darrel Vannoy, Warden  
**DATE:** September 29, 2021  
**SUBJECT:** Merit Increase

Effective September 13, 2021 you received a merit increase, which will be reflected in your paycheck on October 1, 2021. Your new salary is summarized below:

Previous Rate	New Rate
\$24.31	\$25.77
Hourly if non-exempt Weekly if exempt	Hourly if non-exempt Weekly if exempt

We appreciate your contributions toward making a social impact at MTC. If you have any questions, you may discuss them with either your supervisor or human resources.





TO: Erika Perkins 48500196  
cc: Personnel File  
FROM: Jody Bradley, Warden  
DATE: 10/18/2018  
SUBJECT: Merit Increase

Effective **10/01/2018** you received a merit increase, which will be reflected in your paycheck on **10/19/2018**. Your new salary is summarized below:


Previous Rate	New Rate
<b>\$37,900.48</b>	<b>\$38,658.49</b>
Hourly if non-exempt	Hourly if non-exempt
Weekly if exempt	Weekly if exempt

We appreciate your contributions toward making a social impact at MTC. If you have any questions, you may discuss them with either your supervisor or human resources.

MTC

**Merit Increase Memo**

**TO:** Perkins, Erika EE# 48500196  
**cc:** Personnel File  
**FROM:** Jody Bradley, Warden  
**DATE:** July 24, 2017  
**SUBJECT:** Merit Increase



Effective **July 10, 2017** you received a merit increase, which will be reflected in your paycheck on **July 28, 2017**. Your new salary is summarized below:

Previous Rate	New Rate
<b>\$714.56</b>	<b>\$728.85</b>
Hourly if non-exempt	Hourly if non-exempt
Weekly if exempt	Weekly if exempt

We appreciate your contributions toward making MTC a success. If you have any questions, you may discuss them with either your supervisor or Human Resources.

MTC000187

**Salary Increase Memo****TO:** Erika Perkins, EE# 48500196**cc:** Personnel File**FROM:** Jody Bradley, Warden**DATE:** July 25, 2016**SUBJECT:** Salary Increase

A handwritten signature in black ink, appearing to read "Jody Bradley", is written over the "FROM:" line and extends into the "DATE:" line.

Effective **July 11, 2016**, you received a 1.5% salary increase, which will be reflected in your paycheck on **July 29, 2016**. Your new salary is summarized below:

Previous Rate	New Rate
<b>\$704.00</b>	<b>\$714.56</b>
Hourly if non-exempt Weekly if exempt	Hourly if non-exempt Weekly if exempt

We appreciate your contributions toward making MTC a success. If you have any questions, you may discuss them with either your supervisor or Human Resources.





## Merit Increase Memo

**TO:** Erika Perkins  
**cc:** Personnel File  
**FROM:** Jody Bradley, Warden  
**DATE:** November 23, 2015  
**SUBJECT:** Merit Increase

A handwritten signature in black ink, appearing to read "Jody Bradley", is written over the "FROM:" line.

Effective **November 2, 2015**, you received a merit increase, which was reflected in your paycheck on **November 20, 2015**. Your new salary is summarized below:

Previous Rate	New Rate
<b>\$690.20</b>	<b>\$704.00</b>
Hourly if non-exempt	Hourly if non-exempt
Weekly if exempt	Weekly if exempt

We appreciate your contributions toward making MTC a success. If you have any questions, you may discuss them with either your supervisor or Human Resources.



Human  
Resources

November 1, 2013

Erika Perkins  
452 Concordia Park  
Vidalia, LA 71373

Dear Erika,

Congratulations on becoming Unit Manager with MTC/Wilkinson County Correctional Center. I'm sure you'll you will meet with the same success in your new position as you did in your last role as Captain. The effective date of your new assignment will be November 4, 2013. At a salary of \$680.00 per week.

Best wishes for continued success in your career.

A handwritten signature in black ink, appearing to read "Frank Shaw", is written over a circular stamp.

Frank Shaw  
Warden

MTC000190



Delta Bank

VERSUS

Erika Perkins

\*  
\*  
\*  
\*  
\*  
\*

CASE NO. AZF-0011-2018

JUSTICE OF THE PEACE COURT  
DISTRICT 2  
PARISH OF CONCORDIA

STATE OF LOUISIANA

---

**NOTICE OF SEIZURE TO GARNISHEE**

TO: **Wilkinson County Correctional Facility**  
**2999 Hwy 61 North**  
**Woodville. MS 39669**

PLEASE TAKE NOTICE that by Writ of Fieri Facias issued in the above entitled and numbered proceedings, I seized in your hands, all the property, rights, and credits which you may now or hereafter have in your possession or under your control belonging to the defendant,

Erika Perkins  
(Defendant)

On this 24<sup>th</sup> day of July, 2018.

Constable Susan Ralfe  
CONSTABLE  
DISTRICT 3 (By Order)  
PARISH OF CONCORDIA

---

Delta Bank

VERSUS

Erika Perkins

\*  
\*  
\*  
\*  
\*  
\*

CASE NO. AZF-0011-2018  
JUSTICE OF THE PEACE COURT  
DISTRICT 2  
PARISH OF CONCORDIA

STATE OF LOUISIANA

---

**GARNISHMENT CITATION**


---

TO: Wilkinson County Correctional Facility (Garnishee)  
2999 Hwy 61 North  
Woodville, MS 39669

You are hereby ordered, to declare under oath, what property belongs to the defendant, in this case you have in your possession or under your control, or in what sum you are indebted to said defendant, and also to answer in writing, categorically and under oath, the interrogatories annexed to the petition, of which a certified copy accompanies this citation, and to file your sworn answers by delivering them to the Justice of the Peace Court, District 2, at the address of 309 Walnut Street, Vidalia, LA 71373, within fifteen (15) days of the date of service of this citation.

This service was issued at the request of, or on behalf of Plaintiff, and by order of said Court on the 24th day of July 2018 at Vidalia, Louisiana.

---

  
ANGELA Z. FRILOUX  
JUSTICE OF THE PEACE  
DISTRICT 2  
PARISH OF CONCORDIA



Delta Bank	*	CASE NO. AZF-0011-2018
	*	
	*	JUSTICE OF THE PEACE COURT
VERSUS	*	DISTRICT 2
	*	PARISH OF CONCORDIA
	*	
Erika Perkins	*	STATE OF LOUISIANA

---

**STATEMENT OF SUM DUE UNDER GARNISHMENT**

In connection with an application for garnishment of wages filed in this captioned cause, I certify the following to be a true and correct statement of the judgment claims as of this date:

Principal:	\$ 258.66
Interest:	\$
Recording Fees	\$ 105.00
Justice of the Peace Court Costs:	\$ 360.00
Constable's Fee	\$ 43.42
<b>TOTAL TO DATE:</b>	<b>\$ 767.08</b>

I further certify that the above figure reflects all credits due against the account, but the account is subject to accrual of additional interest, attorney's fees, constable's commission and court costs.

---

~~In Vidalia, Louisiana, this 24th day of July, 2018.~~

Willie Alford

Delta Bank  
Vidalia, LA

Delta Bank	*	CASE NO. AZF-0011-2018
	*	JUSTICE OF THE PEACE COURT
VERSUS	*	DISTRICT 2
	*	PARISH OF CONCORDIA
	*	
Erika Perkins	*	STATE OF LOUISIANA

---

**PETITION FOR GARNISHMENT**

The petition of Plaintiff, **Delta Bank**, domiciled in the city of Vidalia, State of Louisiana, with respect shows and represents that:

1.

A writ of fieri facias has issued in this cause to enforce judgment which Plaintiff has obtained against Defendant, **Erika Perkins**.

2.

Plaintiff has reason to believe that the Defendant, **Erika Perkins**, is employed by the **Wilkinson County Correctional Facility (garnishee)**, which is, or will be, indebted to Defendant for his wages, salary, or commission.

3.

Plaintiff tenders, for deposit into the registry of this Court, for the account of Defendant's employer, the attorney's fee required for the garnishment of wages, salary, or commission.

---

WHEREFORE, PLAINTIFF PRAYS THAT **Wilkinson County Correctional Facility (garnishee)** be cited as garnishee and ordered to answer, under oath and in writing, the attached interrogatories, as provided by law; and that Plaintiff be authorized to deposit into the registry of this Court, for the account of the garnishee, the attorney's fees required by law.

**Wilkinson County Correctional Facility (garnishee)**  
2999 Hwy 61 North  
Woodville, MS 39669



Delta Bank

VERSUS

Erika Perkins

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CASE NO. AZF-0011-2018

JUSTICE OF THE PEACE COURT  
DISTRICT 2  
PARISH OF CONCORDIA


STATE OF LOUISIANA

---

**ORDER**

IT IS HEREBY ORDERED that the garnishment proceedings be issued as prayed for with **Wilkinson County Correctional Facility (Garnishee)**, being named Garnishee and cited to answer the interrogatories propounded herein, under oath, within **FIFTEEN (15) DAYS** from date of service of this order, as the law directs;

In Vidalia, Louisiana, this 24th day of July, 2018.

  
ANGELA L. FRILOUX  
JUSTICE OF THE PEACE  
DISTRICT 2  
PARISH OF CONCORDIA

SERVE GARNISHEE AT THIS ADDRESS: **Wilkinson County Correctional Facility**  
**2999 Hwy 61 North**  
**Woodville. MS 39669**

---

**INSTRUCTIONS FOR THE GARNISHEE**

**WITHIN FIFTEEN (15) DAYS** from the date you are served with the attached garnishment papers, you **MUST** answer the interrogatories in writing, sign before a Notary Public, and return to:

Justice of the Peace Court

District 2

309 Walnut Street

Vidalia, LA 71373

**BEGIN WITHHOLDING IMMEDIATELY** (using the formula described below), effective as of the date you are served with these papers, and:

1. Contact a lawyer for any legal services you might need. Neither the Justice of the Peace's office nor the Constable's office can give you legal advice. These instructions are provided only to give you a general overview of the employer's role in a garnishment in an effort to minimize the number of phone calls to the Justice of the Peace and Constable.
2. Withhold 25% of the disposable earnings that you now owe to the employee and withhold 25% of all disposable earnings that the employee may hereafter earn from you, provided that the deductions do not reduce the disposable earnings below the sum equal to **\$196.50. (After July 24, 2009, \$217.50)** if paid weekly; nor shall the disposable earnings in any case be reduced below thirty (30) times the federal minimum hourly wages prescribed by Section 6(A)(1) of the Fair Labor Standards Act of 1938, in effect at the time the earnings are payable.

Disposable earnings are the earnings that remain after all deductions required by law are withheld.

3. Pay the affected funds (everything accumulated from the date you are served with garnishment papers) **to the Constable upon receipt** of the "Judgment on Garnishment" which will be served upon you just as this Petition for Garnishment has been.

---

Make all checks payable to: Constable Susan Rabb, 107 Lee Avenue, Vidalia, LA 71373

4. Please include the employee's name and the docket number of the suit on the check stub. The docket number can be found in the upper right corner of the Citation.
5. If you fail to answer the interrogatories within fifteen (15) days, the judgment against the creditor may have you ruled into Court and ask for judgment against you for the amount of the employee's unpaid judgment, plus interest and all court costs.

**FOR FUTHER INFORMATION, CALL Constable Susan Rabb at 318-481-5632**

Delta Bank

VERSUS

Erika Perkins

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CASE NO. AZF-0011-2018

JUSTICE OF THE PEACE COURT  
DISTRICT 2  
PARISH OF CONCORDIA

STATE OF LOUISIANA

---

INTERROGATORIES PROPOUNDED TO: Wilkinson County Correctional Facility  
2999 Hwy 61 North  
Woodville. MS 39669

YOU ARE REQUIRED BY LAW TO ANSWER THE FOLLOWING INTERROGATORIES UNDER OATH AND IN WRITING WITHIN FIFTEEN (15) DAYS FROM THE DATE YOU ARE SERVED. RETURN YOUR ANSWERS TO:

---

Justice of the Peace Court  
309 Walnut Street  
Vidalia, LA 71373

**INTERROGATORY NO. 1:**

Is the defendant now in your employ, or has he been employed by you? If so, please state the rate of compensation and how and when he is paid.

**INTERROGATORY NO. 2:**

If the defendant is not employed by you, please state the date of his termination and where any by whom he is presently employed.

**INTERROGATORY NO. 3:**

At the time you were served with these interrogatories, did you have in your possession or in your control any property, money, or effects belonging to the defendant? If so, please state what property, how much, and of what value, and the location of such.

**INTERROGATORY NO. 4:**

At the time you were served with these interrogatories, did you owe the defendant any money or do you owe him any money now? If so, please state how much, on what account, and when did it become due? If not yet due, when will it become due?

---

**INTERROGATORY NO. 5:**

At the time you were served with these interrogatories, were there any other claims or garnishments pending which would affect the defendant? If so, what was the date each was served on you and what is the current status of each?

**INTERROGATORY NO. 6:**

Does the defendant owe you any money? If so, please state the date the debt was incurred, the current balance due, and the date the debt will be paid in full.

  
JUSTICE OF THE PEACE  
DISTRICT 2, PARISH OF CONCORDIA



Delta Bank

VERSUS

Erika Perkins

\* CASE NO. AZF-0011-2018  
\*  
\* JUSTICE OF THE PEACE COURT  
\* DISTRICT 2  
\* PARISH OF CONCORDIA  
\*  
\* STATE OF LOUISIANA

---

**ANSWERS TO INTERROGATOIRES PROPOUNDED TO GARNISHEE**

ANSWER TO INTERROGATORY NO. 1: \_\_\_\_\_

ANSWER TO INTERROGATORY NO. 2: \_\_\_\_\_

ANSWER TO INTERROGATORY NO. 3: \_\_\_\_\_

ANSWER TO INTERROGATORY NO. 4: \_\_\_\_\_

ANSWER TO INTERROGATORY NO. 5: \_\_\_\_\_

ANSWER TO INTERROGATORY NO. 6: \_\_\_\_\_

BEFORE ME, the undersigned Notary Public, personally came and appeared \_\_\_\_\_, who, after being fully sworn, did depose and state that he is the Garnishee named in this matter, and that the above and foregoing answers to interrogatories are true and correct.

\_\_\_\_\_  
Signature of Garnishee

SWORN TO SUBSCRIBED, before me, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

Please complete and mail to: Justice of the Peace Court  
District 2  
309 Walnut Street, Vidalia, LA 71373

Delta Bank

CASE NO. AZF 011-2018

VERSUS

Erika Perkins

JUSTICE OF THE PEACE COURT  
DISTRICT 2

PARISH OF CONCORDIA

xxx-xx-9536

STATE OF LOUISIANA

# PETITION FOR GARNISHMENT

The petition of Delta Bank, domiciled in the Parish of Concordia, State of Louisiana, with respect shows and represents that:

A writ of fieri facias has been issued in this cause to enforce judgment which Plaintiff has obtained against Defendant Erika Perkins

Plaintiff has reason to believe that the Defendant, Erika Perkins

\_\_\_\_\_, is employed by Wilkinson County Correctional Facility

\_\_\_\_\_, (garnishee) which is, or will be, indebted to the  
defendant for wages, salary or commission.

Plaintiff tenders, for deposit into the registry of this court, for the account of Defendant's employer, the attorney's fee required for the garnishment of wages, salary, or commission.

Wherefore, Plaintiff prays that Wilkinson County Correctional Facility,

2999 Hwy 61 North, Woodville, Ms. 39669

be cited as garnishee and ordered to answer under oath and in writing, the attached interrogatories, as provided by law; and that Plaintiff be authorized to deposit into the registry of the Court, for the account of the garnishee, the attorney's fees required by law.

Signature of Plaintiff's Representative  
(Delta Bank)

7-19-18

Date \_\_\_\_\_

## CURRENT STATEMENT:(La.R.S. 13:3823)

Principal	<u>258.66</u>
Interest	<u>.00</u>
Recording Fee	<u>105.00</u>
Court Cost	<u>362.00</u>
Constable Fees 6%	<u>43.42</u>
Credit	<u>          </u>
Balance to Date	<u>767.08</u>

  
\_\_\_\_\_  
Sign your name\_\_\_\_\_  
Willie Alford\_\_\_\_\_  
Print you name\_\_\_\_\_  
P O Box 930\_\_\_\_\_  
Address\_\_\_\_\_  
Vidalia, La. 71373\_\_\_\_\_  
318-336-7174\_\_\_\_\_  
(AC) Phone No.

\*Above figures do not include future costs, court costs, interest, attorneys fees or constables commission.



308652



FILED AND RECORDED

MOB BK 430 PG 4599

2018 JUL 23 PM 12:23

BY *Kathy D. Martin*CLERK & RECORDER  
CONCORDIA PARISH, LA

DELTA BANK

CASE NO. AZF 0011-2018  
 STATE OF LOUISIANA  
 JUSTICE OF THE PEACE COURT  
 DISTRICT 2  
 PARISH OF CONCORDIA

VERSUS

ERIKA PERKINS  
 SS# xxx-xx-9536

**JUDGMENT IN FAVOR OF PLAINTIFF**

This cause coming on for trial pursuant to previous assignment and the defendant appearing and having failed to dispel the petition of the plaintiff and the plaintiff having proved his/her demand; and the law and evidence being in favor of the plaintiff(s) and against the defendant(s);

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that there be judgment in favor of the plaintiff, Delta Bank and against the defendant, Erika Perkins, SS #xxx-xx-9536 in the sum of Two Hundred fifty-eight and 66/100 (\$258.66) Dollars with Four (4) percent per annum interest thereon from the 6th day of April, 2018, until paid, plus court costs of \$100.

THUS, DONE, READ AND SIGNED, in open court on this 2nd day of May, 2018.

*Angela Z. Friloux*  
 JUDGE ANGELA Z. FRILOUX  
 JUSTICE OF THE PEACE  
 DISTRICT 2  
 PARISH OF CONCORDIA

A TRUE COPY

ATTEST

*Kathy D. Martin*  
 DEPUTY CLERK OF COURT  
 CONCORDIA PARISH, LA

4599

MTC000201

**Keith OBanion**

---

**From:** Gabriel Walker  
**Sent:** Thursday, June 23, 2016 11:43 AM  
**To:** Jody Bradley; Keith OBanion  
**Cc:** Alan Chapman  
**Subject:** Training Incident

The matter resolving Unit Manager Perkins and Training Manager Pendleton has been resolved. I have spoken with both staff and also allowed them to discuss the matter together with one another. Both staff took ownership and agreed that proper communication between the two would have prevented this incident.

Speaking with Unit Manager Perkins she was informed that she is not allowed to address concerns regarding her daughters employment. She understood that her daughter is an adult working in a Professional environment and any concerns which she had would be addressed by someone in her chain of command. It was addressed to Mrs. Perkins that any MTC clothing not being used or damaged should have been turned back in to the facility training department. Mrs. Perkins understood the concern of other staff in the class not being afforded a jacket and she should have referred to Lt. Pendleton prior to issuing.

Speaking with Training Manager Pendleton she also understood that she could have handled things differently. She failed to get all her facts together prior to acting and accusing staff of misconduct by entering the clothing room removing items without her consent. Though she was advised by Chief of Security Rodriguez to take the jackets from the staff she did it in front of the class which may have been embarrassing to the cadets involved. I further spoke to her concerning ensuring that she addressed the class as a whole when providing instruction concerning policies and procedures and rules of conduct. I advised her to ensure that we ensure that we use good verbiage when explaining consequences of staff misconduct. Ms. Pendleton completely understood the importance of good communication.

I have also spoken to Correctional Officer Erika Perkins (cadet) concerning statements which she provided. I explained to her not to involve her mother concerning matters at the facility. She was provided her chain of command to address concerns too. I explained to her the importance of what Training Pendleton was expressing to her and we only wanted everyone to be successful in this new career. Ms. Perkins understood and advised that she only wanted to follow the procedures and was looking forward to continuing the training class.

I believe this matter is resolved at this time...

**Background Verification Disclosure****BACKGROUND VERIFICATION DISCLOSURE**

As part of the employment process, Management & Training Corporation, (The Company"), may obtain a Consumer Report and an Investigative Consumer Report. The Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996 requires that we advise you that for purposes of employment only, a Consumer Report may be made which may include information about your character, general reputation or personal characteristics.

**AUTHORIZATION AND RELEASE**

During the application process and at any time during any subsequent employment, I hereby authorize a third party, on behalf of the Company to procure a Consumer Report which I understand may include information regarding my character, general reputation or personal characteristics. This report may be compiled with information from court records repositories, departments of motor vehicles, past or present employer and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other sources required to verify information that I have voluntarily supplied.

Employee Signature

Date

Printed Name

Social Security Number

Prior Name(s)





Management  
& Training  
Corporation

## MISSISSIPPI DEPARTMENT OF CORRECTIONS (MDOC) ACKNOWLEDGEMENT FORM

This acknowledgement form is to be completed by ALL applicants. Failure to provide information will result in the rejection of your application for employment.

By signing below, I ERIKA L. PERKINS certify I have never been employed with the Mississippi Department of Corrections (MDOC)

Erika Perkins

Signature

Date

06/11/13

OR

By signing below, I \_\_\_\_\_ certify I am currently or have previously been employed with the Mississippi Department of Corrections (MDOC).

Date of Hire \_\_\_\_\_

Current/ Last Position \_\_\_\_\_

Last Date Worked \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Location worked \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Signature

Date

### AUTHORIZATION AND RELEASE

During the application process and at any time during any subsequent employment, I hereby authorize a third party, on behalf of the Mississippi Department of Corrections (MDOC) to procure a Consumer Report which I understand may include information regarding my character, general reputation or personal characteristics. This report may be compiled with information from court records repositories, departments of motor vehicles, past or present employer and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other sources required to verify information that I have voluntarily supplied.

Erika Perkins

Employee Signature

Date

06/11/13

434-23-9536

Social Security Number

008805477 / LA

Driver's License # & State

03/14/75

Date of Birth

NOTIFICATION OF INCARCERATED FAMILY MEMBERS

EMPLOYEE NAME ERIKA L. PERKINS

PIN # \_\_\_\_\_

JOB TITLE Captain

WORK LOCATION WILKINSON

DATE 06/11/13

INMATES NAME	DOC NUMBER	HOUSING UNIT	RELATIONSHIP
<u>CHARLIE RODGERS JR.</u>	<u>N/A</u>	<u>N/A</u>	<u>COUSIN</u>

## Matthew Schoettmer

---

**From:** Matthew Schoettmer  
**Sent:** Monday, January 17, 2022 10:26 PM  
**To:** Allen Carter  
**Subject:** Fwd: Work hours

Is this acceptable with you

Sent from my iPhone

Begin forwarded message:

**From:** Erika Perkins <Erika.Perkins@mtctrains.com>  
**Date:** January 17, 2022 at 11:06:51 AM CST  
**To:** Matthew Schoettmer <Matthew.Schoettmer@mtctrains.com>, Frances Griffin <Frances.Griffin@mtctrains.com>  
**Subject:** Work hours

January 17, 2022

Major Matthew Schoettmer,

Per our conversation on yesterday, January 15, 2022 at approximately 0900 hrs. in the count room. This is just to reiterate the discussion we had about my work schedule due to me returning to school for the Spring semester. Beginning Monday, January 17, 2022 I will be working 0800 hrs. to 1400 hrs. every Monday and Tuesday due to my classes being in the evening. I will continue to work every other weekend (12 hrs).

Erika Perkins

Captain

MTC (Management Training and Corporation)



Wilkinson County Correctional Facility  
2229 US Highway 61 North  
Woodville, MS 39669

TEL: 601-888-3199

Date: Friday, January 21, 2022  
To: Erika Perkins, Captain  
From: Matthew Schoettmer, Major  
William DeRevere, Deputy Warden  
Subject: Schedule/Status Change

---

You recently requested to change work days with the following proposed schedule. This came in the form of an email sent to the Major, Matthew Schoettmer and copying HR Assistant Frances Griffin dated January 17<sup>th</sup>, 2022. The schedule change is as follows: Due to you returning to school for the spring semester, beginning Monday January 17, 2022 you will be working 0800 to 1400 every Monday and Tuesday (having evening classes) and you will also work a 12 hour shift every other weekend. The weekend work will begin on next Saturday January 29-30.

Upon speaking with you and reviewing your request, a determination was made to approve your schedule as outlined above. Should you need to request time off from the above outlined schedule, standard time-off procedures in accordance with policy will apply. Any adjustments to this schedule must be submitted in writing to the Chief of Security, Major for review.

I am glad that we were able to accommodate your school schedule.

Signed:



Witness:



MTC

## Wilkinson County Correctional Facility

## 2020 Employee Performance Appraisal - Corrections

Name	Employee No.	Hire Date	Job Title	Review Period
Erika Perkins	48500196	3/17/2004	Captain	10/01/2019 - 09/30/2020
<b>1 Point</b>	<b>Unacceptable</b>	Does not meet minimum requirements. Corrective action required.		
<b>2 Points</b>	<b>Below Average</b>	Rarely meets minimum requirements, performance needs improvement.		
<b>3 Points</b>	<b>Average</b>	Performance meets expectations and job requirements.		
<b>4 Points</b>	<b>Above Average</b>	Performance exceeds expectations and job requirements.		
<b>5 Points</b>	<b>Excellent</b>	Performance consistently far exceeds expectations and requirements.		
<b>INITIATIVE</b>	<b>Unacceptable (1)</b>	<b>Below Average (2)</b>	<b>Average (3)</b>	<b>Above Average (4)</b> <b>Excellent (5)</b>
	3			
Ability to work without close supervision. Seeks & accepts new assignments/opportunities.	Captain Perkins is very knowledgeable of her duties and can perform the duties of Captain well.			
<b>DEPENDABILITY</b>	<b>Unacceptable (1)</b>	<b>Below Average (2)</b>	<b>Average (3)</b>	<b>Above Average (4)</b> <b>Excellent (5)</b>
	3			
Ability to meet goals. Includes attendance, punctuality, willingness to work overtime.	Captain Perkins meet requirements with her work schedule.			
<b>JOB KNOWLEDGE</b>	<b>Unacceptable (1)</b>	<b>Below Average (2)</b>	<b>Average (3)</b>	<b>Above Average (4)</b> <b>Excellent (5)</b>
	3			
Familiar with rules & regulations, techniques, policies and procedures.	Captain Perkins is well versed in policy and procedures and is able to apply them to her duties here at WCCF.			
<b>COOPERATION</b>	<b>Unacceptable (1)</b>	<b>Below Average (2)</b>	<b>Average (3)</b>	<b>Above Average (4)</b> <b>Excellent (5)</b>
	3			
Ability to work with others to achieve common goal.	Captain Perkins works with others as required.			
<b>ADAPTABILITY</b>	<b>Unacceptable (1)</b>	<b>Below Average (2)</b>	<b>Average (3)</b>	<b>Above Average (4)</b> <b>Excellent (5)</b>
	3			
Quickness to learn new duties and adjust to new situations.	Captain Perkins has the ability to learn new duties and new situations.			
<b>WORK QUALITY</b>	<b>Unacceptable (1)</b>	<b>Below Average (2)</b>	<b>Average (3)</b>	<b>Above Average (4)</b> <b>Excellent (5)</b>
	3			
Accuracy of work - completed in a timely, professional manner.	Captain Perkins works is completed in a timely manner.			
<b>INMATE/OFFENDER SUPERVISION</b>	<b>Unacceptable (1)</b>	<b>Below Average (2)</b>	<b>Average (3)</b>	<b>Above Average (4)</b> <b>Excellent (5)</b>
	3			
Ability to supervise inmates in accordance with policies and procedures and operational orders.	Captain Perkins supervises offenders as required and within policy and procedures.			
<b>WORK HABITS</b>	<b>Unacceptable (1)</b>	<b>Below Average (2)</b>	<b>Average (3)</b>	<b>Above Average (4)</b> <b>Excellent (5)</b>
	3			
Self-discipline, understanding and adapting to priorities. Self motivation.	Captain Perkins completes assignments as required.			

**SUPERVISORY QUALITIES (if applicable)**

<b>LEADERSHIP</b>	<b>Unacceptable (1)</b>	<b>Below Average (2)</b>	<b>Average (3)</b>	<b>Above Average (4)</b>	<b>Excellent (5)</b>
	3				
Ability to motivate, train, develop and guide employees. Promotes teamwork.	Due to her vast knowledge of the facility Captain Perkins has the ability to assist with the development of new staff as well as new supervisors.				

MTC000208

COMMUNICATION	Unacceptable (1)	Below Average (2)	Average (3)	Above Average (4)	Excellent (5)
Ability to complete all reports in a timely, professional manner. Ability to define assignments clearly to subordinates.	3 Captain Perkins completes assignments as required and they are done proficiently with few to no errors.				
ORGANIZATION	Unacceptable (1)	Below Average (2)	Average (3)	Above Average (4)	Excellent (5)
Ability to plan and organize priorities and resources in a timely fashion. Time management.	3 Captain Perkins completes assignments as required.				
POLICIES AND PROCEDURES	Unacceptable (1)	Below Average (2)	Average (3)	Above Average (4)	Excellent (5)
Adherence to corporate policies and procedures and management directives.	3 Captain Perkins is in adherence to policy and procedures as required.				
<b>COMPLETE THIS SECTION FOR ALL EMPLOYEES FOR THE UPCOMING REVIEW PERIOD</b>					
<b>PERFORMANCE GOALS AND OBJECTIVES</b>					
NON-SUPERVISORY COMPOSITE	Unacceptable 1-8 Points	Below Average 9-16 Points	Average 17-24 Points	Above Average 25-32 Points	Excellent 33-40 Points
Employee Score 24			Average		
SUPERVISORY COMPOSITE	Unacceptable 1-12 Points	Below Average 13-24 Points	Average 25-36 Points	Above Average 37-48 Points	Excellent 49-60 Points
Employee Score 36			Average		
Prepared by/Date <i>M. J. Schrock</i>			Reviewed by/Date		
Employee Signature/Date			Human Resources/Date		

(08/2016)

*Refused to*  
*3:57*  
*M. J. Schrock*

SIDE TWO OF TWO

MTC000209



MTC

## Notice of Caution (NOC)

<b>Employee Name</b>	<b>Hire Date</b>	<b>Employee #</b>	<b>Date Issued</b>
Erika Perkins	07/01/13	48500196	
<b>Center/Facility</b>	<b>Position Title</b>		
Wilkinson County Correctional Facility	Captain		
<b># of NOCs in past 24 months</b>	<b>Sanction</b>	<b># of Days</b>	<b>Suspension Date(s) if applicable</b>
one	Stand Alone	N/A	

**Specific Violation per MTC Rules of Conduct Policy****A: Category I - Infractions which may result in discipline**

7. Persistent tardiness, unauthorized extension of break and meal periods, or leaving work before the end of the shift without permission.

**B: Category II - Infractions which may result in immediate dismissal**

1. Insubordination

15. Violation of any company or facility rules, policies, the employee handbook, or federal, state or local laws.

**Detailed Account of Violation and Corrective Action Required**

On October 28, 2020, you, Captain Perkins were assigned to A1 shift and scheduled to report to work at 6:45am. Captain Perkins persist on coming to work late. On 4-5-2021, you reported to work at 7:12 am and on 4-2-2021, you reported to work at 7:14 am, 4-6-2021 you reported to work at 7:33am. Captain Perkins your refusal to come to work on time as instructed is direct insubordination. Captain Perkins, actions such as these are not acceptable and will not be tolerated. Due to the seriousness of these infractions, it is recommended that this Notice of Caution be placed in your personnel file. Future infractions will result in additional discipline up to and including termination.

**Approvals**

*Major M. Schmitt* 4-15-21  
Supervisor Date

Vice President, HR (as Required) Date

Manager Date

Regional Vice President (as Required) Date

Facility HR Manager Date

Senior Vice President (as Required) Date

*Studdell* 5/12/21  
Facility Director Date

President (as Required) Date

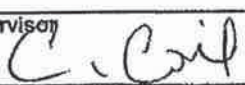
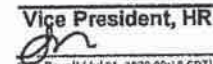
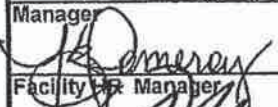

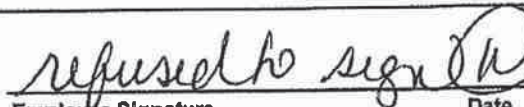
I have read and understand the contents of this notice of caution. My signature does not imply admission of guilt. I understand I have the right to appeal this disciplinary action in accordance with MTC's Employee Problem Solving Policy.

*Refused to Sign*  
Employee Signature Date

MTC000210

MTC

## Notice of Caution (NOC)

<b>Employee Name</b>	<b>Hire Date</b>	<b>Employee #</b>	<b>Date Issued</b>
Erika Perkins	03/17/04	48500196	
<b>Center/Facility</b>	<b>Position Title</b>		
Wilkinson County Correctional Facility	Major		
<b># of NOCs in past 24 months</b>	<b>Sanction</b>	<b># of Days</b>	<b>Suspension Date(s) if applicable</b>
None	Demotion	N/A	
<b>Specific Violation per MTC Rules of Conduct Policy</b>			
<b>A: Category I - Infractions which may result in discipline</b>			
2. Careless or inefficient performance of duties.			
<b>B: Category II - Infractions which may result in immediate dismissal</b>			
15. Violation of any company or facility rules, policies, the employee handbook, or federal, state or local laws.			
<b>Detailed Account of Violation and Corrective Action Required</b>			
<p>On 04/03/2019, you, Erika Perkins were promoted to the position of Chief of Security/Major. In January 2020, the facility warden counseled you on the procedures required for an offender that had been placed in abulatory restraints. You were advised that the offender should be moved to the medical department so that the required 15 minute checks could easily be completed by the officer posted in medical. The offender was never moved to medical and you were unable to provide the warden with the required log showing 15 minutes checks on the offender. On February 22, 2020, in response to a memo from you, the facility warden directed you to send him daily reports on any housing units that do not receive tier time and showers. No response was received from you and to date, the warden has not received reports on the status of the housing units.</p> <p>On multiple occassions, the warden directed that inmate food ports are to remain closed at all times. During feeding, the food port is to be opened only long enough to pass the offender his tray and the port is</p> <p>(Continued on page 2)</p>			
<b>Approvals</b>			
<b>Supervisor</b>	<b>Date</b>	<b>Vice President, HR (as Required)</b>	<b>Date</b>
	7-16-2020		07/21/2020
<b>Manager</b>	<b>Date</b>	<b>Regional Vice President (as Required)</b>	<b>Date</b>
	7-16-2020		07/21/2020
<b>Facility HR Manager</b>	<b>Date</b>	<b>Senior Vice President (as Required)</b>	<b>Date</b>
	7/16/2020		
<b>Facility Director</b>	<b>Date</b>	<b>President (as Required)</b>	<b>Date</b>
Scott Toth approved by email. 7/20/2020			
I have read and understand the contents of this notice of caution. My signature does not imply admission of guilt. I understand I have the right to appeal this disciplinary action in accordance with MTC's Employee Problem Solving Policy.		<b>Employee Signature</b>	<b>Date</b>
			

MTC000211

MTC

## Notice of Caution (NOC)

<b>Employee Name</b>	<b>Hire Date</b>	<b>Employee #</b>	<b>Date Issued</b>
Erika Perkins	03/17/04	48500196	
<b>Center/Facility</b>	<b>Position Title</b>		
Wilkinson County Correctional Facility	Major		
<b># of NOCs in past 24 months</b>	<b>Sanction</b>	<b>Suspension Date(s) if applicable</b>	
None	Demotion		


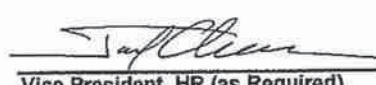
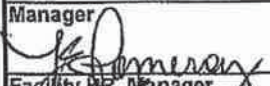


**Detailed Account of Violation and Corrective Action Required (continued from page 1)**

to be secured before proceeding to the next cell. Despite repeated directives and counseling, food ports continue to be left open. You failed to personally ensure that food ports are secured and failed to hold subordinate staff accountable for their failure to follow the warden's directive. On 5/7/2020, while making rounds, the facility deputy warden of operations found 12 food port padlocks in a control tower and at least 24 unsecured food ports that were documented with photographs. Between April 2019 and May 2020 there have been eleven staff assaults that occurred through unsecured food ports.

On multiple occasions the warden has counseled you on ensuring that count is being conducted properly. On 05/01/2020, the warden emailed you to ensure that officers are conducting 30-minute security checks, counts and cell searches in accordance with policy. The warden requested a 30-day review and assurance statement from you to show that the facility was in compliance or a plan of action if the facility was not in compliance. The warden requested this information by 05/08/2020. To date, you have not provided a review or plan of action to the warden. Facility counts are still not being conducted according to policy. Failure to conduct proper counts and security checks sacrifices the safety and welfare of the offenders.

Ms. Perkins, actions such as these are not acceptable and will not be tolerated. Due to the seriousness of these infractions, it is recommended that you be demoted from the rank of Major to that of Captain. Future violations will result in additional discipline up to and including termination.

**Approvals**

<b>Supervisor</b>	<b>Date</b>	<b>Vice President, HR (as Required)</b>	<b>Date</b>
	7-16-2020		07/21/2020
<b>Manager</b>	<b>Date</b>	<b>Regional Vice President (as Required)</b>	<b>Date</b>
	7-16-2020		07/21/2020
<b>Facility HR Manager</b>	<b>Date</b>	<b>Senior Vice President (as Required)</b>	<b>Date</b>
	7-16-2020		
<b>Facility Director</b>	<b>Date</b>	<b>President (as Required)</b>	<b>Date</b>
Scott Toth approved by email. 7/20/2020			

I have read and understand the contents of this notice of caution. My signature does not imply admission of guilt. I understand I have the right to appeal this disciplinary action in accordance with MTC's Employee Problem Solving Policy.

Employee Signature

Date

MTC000212







## Notice of Caution (NOC)

Employee Name Erica Perkins	Hire Date	Employee #	Date 08/12/2020
Center/Facility Wilkinson County Correctional Center		Position Title Administrative Captain	
<b>Specific Violation Per MTC Rules of Conduct Policy</b>  <u>Notice of Caution – Category I:</u> <u>Notice of Caution – Category II:</u>			
<input checked="" type="checkbox"/> First Offense	<input type="checkbox"/> Second Offense	<input type="checkbox"/> Third Offense	<input type="checkbox"/> Fourth Offense
<b>Detailed Account of Violation and Corrective Action Required</b> At approximately 0930 hours on 08/12/2020, Capt. E. Perkins was given the direct order to conduct the lunch feed in the dining hall. She did not show up. At approximately 1130 hours I, Major M. Schoettmer went to Capt. Perkins office and inquired as to why she was not in the dining hall. She stated she did not know feed had begun and she did not have a radio, lunch feed typically begins around 1030 hours. At approximately 1230 hours on 08/12/2020 Capt. E. Perkins was given a direct order to run the noon feed in the dining hall by Major M. Schoettmer. Ms. Perkins stated she will not run the chow hall the shift supervisors are supposed to do that. Ms. Perkins did not assist with any part of the noon feed. Ms. Perkins needs to follow the order that are given to her in her chain of command.			
<i>Warden considered - see notes</i>			
<b>Recommended Sanction in Addition to this Notice of Caution (If applicable)</b> <input type="checkbox"/> Suspension Deferred      Date _____ <input type="checkbox"/> Suspension for _____ Days      Dates _____ thru _____ <input type="checkbox"/> Termination      Effective date _____			
<b>Approvals</b>			
Supervisor _____ Date _____		Corporate HR Director _____ Date _____	
Manager _____ Date _____		Facility Director _____ Date _____	
Facility HR Manager _____ Date _____		Senior Vice President (As Required) Date _____	
Regional Vice President (As Required) _____ Date _____			
I have read and understand the contents of this notice of caution. My signature does not imply admission of guilt. I understand I have the right to appeal this disciplinary action in accordance with MTC Employee Problem Solving Policy.			
Employee Signature _____			Date _____

MTC000214



# ACTION SHEET

Enka Perkins

Rec NOC 8/13 - Mrs. Perkins absent

Requested DWCAI/Maj. Schoettner get a statement from Mrs. Perkins.

8/12/20 I witnessed conversation w/  
Warden Middlebrooks + Mrs Perkins in  
wardens office 4:50 pm  
Re: Her refusal to run chow

She wants to know why she has to do it if there are Shift Supervisors here - Warden responded - that's the Major's call + it's within her job duties so she has to do it. Warden wants the team to be successful + wants her to be a part of it. States that she is a valuable asset. Said if she can't be part of the team he doesn't have a place for her + why is she here? He asked if he could depend on her, she agreed. Warden said she has to do what Schoettner says.

She complained that Schoettner made a statement in court room that he was going to work her so much he was going to get on her nerves.

Obtaining statements about ↑



MTC

## Notice of Caution (NOC)

<b>Employee Name</b>	<b>Hire Date</b>	<b>Employee #</b>	<b>Date Issued</b>
Erika Perkins	07/01/13	48500196	
<b>Center/Facility</b>	<b>Position Title</b>		
Wilkinson County Correctional Facility	Captain		
<b># of NOCs in past 24 months</b>	<b>Sanction</b>	<b># of Days</b>	<b>Suspension Date(s) if applicable</b>
Two		N/A	

**Specific Violation per MTC Rules of Conduct Policy****A: Category I - Infractions which may result in discipline****B: Category II - Infractions which may result in immediate dismissal**

1. Insubordination

4. Neglect of duty or refusal to perform work assigned.

**Detailed Account of Violation and Corrective Action Required**

On May 3, 2021 at approximately 1530 hours, I Major M. Schoettmer went to the count room and instructed that a Use of Force Pack needed to be completed for the incidents that occurred on F-pod and J-Pod by the shift due to no computer being available for the long term captain. Also that the use of Force on J-pod was under review and that the pack needed to be done by end of shift by someone not involved. You, Captain Perkins spoke up stating that you were not going to complete the pack, that it was not yours to complete and that there were others that could complete it. I repeated that the Pack was to be completed by end of shift today and that Captain Green would get you all pertinent information and anything else needed. On May 4, 2021 I discovered that the Packs had not been completed, instead the completed incident statements that had been left in her possession had been placed in the Long Term sally port. I went to the count room and asked why the packs were not completed, you stated it was not yours to complete and that Captain Green has computer access and MDOC access and that he should complete them.

**Approvals**

*Major M. Schoettmer*  
 Supervisor \_\_\_\_\_ Date 5-12-21

*[Signature]*  
 Manager \_\_\_\_\_ Date 5-12-21

*[Signature]*  
 Facility HR Manager \_\_\_\_\_ Date 5/12/21

*[Signature]*  
 Facility Director \_\_\_\_\_ Date \_\_\_\_\_

Vice President, HR (as Required) \_\_\_\_\_ Date \_\_\_\_\_

Regional Vice President (as Required) \_\_\_\_\_ Date \_\_\_\_\_

Senior Vice President (as Required) \_\_\_\_\_ Date \_\_\_\_\_

President (as Required) \_\_\_\_\_ Date \_\_\_\_\_

I have read and understand the contents of this notice of caution. My signature does not imply admission of guilt. I understand I have the right to appeal this disciplinary action in accordance with MTC's Employee Problem Solving Policy.

*Employee refused to sign* 5/12/21  
 Employee Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Francis H. H. [Signature]*

MTC000216

MTC

## Notice of Caution (NOC)

Employee Name	Hire Date	Employee #	Date Issued
Erika Perkins	07/01/13	48500196	
Center/Facility		Position Title	
Wilkinson County Correctional Facility		Captain	
# of NOCs in past 24 months	Sanction	Suspension Date(s) if applicable	
Two			

**Detailed Account of Violation and Corrective Action Required (continued from page 1)**

I requested a statement from you stating why you were refusing to complete the assignment you replied that I was not going to get a statement and that you refused. Captain Perkins your refusal to complete assignments as instructed is direct insubordination. Actions such as these are unacceptable and will not be tolerated, along with your repeated refusal to comply with directives. Due to the seriousness of these infractions, it is recommended that this Notice of Caution be placed in your personnel file. Future infractions will result in additional discipline up to and including termination

**Approvals**

Supervisor	Date	Vice President, HR (as Required)	Date
Manager	Date	Regional Vice President (as Required)	Date
Facility HR Manager	Date	Senior Vice President (as Required)	Date
Facility Director	Date	President (as Required)	Date

I have read and understand the contents of this notice of caution. My signature does not imply admission of guilt. I understand I have the right to appeal this disciplinary action in accordance with MTC's Employee Problem Solving Policy.

Employee Signature

Date

MTC000217

October 11, 2021

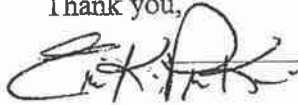
To Whom It May Concern:

I greatly appreciate your consideration and understanding, as well as your patience and cooperation with me during this time as I continue my education. However, it has come to my attention that I could be placed backed into full time status based on the proposed schedule created. Which states I will work every other Saturday and Sunday and every Monday and Tuesday. This schedule began on August 23, 2021 and my first weekend begun on August 28, 2021.

Therefore, I am requesting to be placed back into full time status and continue to work the hours assigned.

If there is anything else I can do in the meantime or if you have any questions or concerns, please do not hesitate to reach out to me at [Erika.Perkins@mtctrains.com](mailto:Erika.Perkins@mtctrains.com).

Thank you,

A handwritten signature in black ink, appearing to read 'Erika Perkins', is written over a horizontal line.

Erika Perkins

Captain

MTC (Management Training and Corporation)



MTC

## Notice of Caution (NOC)

<b>Employee Name</b>	<b>Hire Date</b>	<b>Employee #</b>	<b>Date Issued</b>
Erika Perkins	07/01/13	48500196	
<b>Center/Facility</b>	<b>Position Title</b>		
Wilkinson County Correctional Facility	Captain		
<b># of NOCs in past 24 months</b>	<b>Sanction</b>	<b># of Days</b>	<b>Suspension Date(s) if applicable</b>
one	Stand Alone	N/A	

**Specific Violation per MTC Rules of Conduct Policy****A: Category I - Infractions which may result in discipline**

7. Persistent tardiness, unauthorized extension of break and meal periods, or leaving work before the end of the shift without permission.

**B: Category II - Infractions which may result in immediate dismissal**

1. Insubordination

15. Violation of any company or facility rules, policies, the employee handbook, or federal, state or local laws.

**Detailed Account of Violation and Corrective Action Required**

On October 28, 2020, you, Captain Perkins were assigned to A1 shift and scheduled to report to work at 6:45am. Captain Perkins persist on coming to work late. On 4-5-2021, you reported to work at 7:12 am and on 4-2-2021, you reported to work at 7:14 am, 4-6-2021 you reported to work at 7:33am. Captain Perkins your refusal to come to work on time as instructed is direct insubordination. Captain Perkins, actions such as these are not acceptable and will not be tolerated. Due to the seriousness of these infractions, it is recommended that this Notice of Caution be placed in your personnel file. Future infractions will result in additional discipline up to and including termination.

**Approvals**

*Mayer M. Schmitt* 4-15-21  
Supervisor Date

Manager Date

*[Signature]* 5/12/21  
Facility HR Manager Date

*[Signature]*  
Facility Director Date

Vice President, HR (as Required) Date

Regional Vice President (as Required) Date

Senior Vice President (as Required) Date

President (as Required) Date

I have read and understand the contents of this notice of caution. My signature does not imply admission of guilt. I understand I have the right to appeal this disciplinary action in accordance with MTC's Employee Problem Solving Policy.

*Refused to Sign*  
Employee Signature Date

MTC000219



## WILKINSON COUNTY CORRECTIONAL FACILITY INCIDENT REPORT

Warden  
DW of Operations  
Contract Monitor

DW of Programs  
Major, Chief of Security

<b>Date:</b> April 15, 2021	<b>Time:</b> 1630 hours	<b>Location:</b> Major's Office
<b>Staff:</b> Major Matthew Schoettmer	<b>Inmate:</b>	
<p><b>Who, What, Where, When, Why:</b></p> <p>On April 15, 2021 at approximately 1635 hours I Major Matthew Schoettmer had Captain Erika Perkins come to my office to go over her being persistently tardy to work. Captain Perkins was asked to write a statement to why she was late on April 2<sup>nd</sup>, April 5, and April 6<sup>th</sup> of 2021. Captain Perkins refused to write a statement, she refused to discuss why she was late. Captain Perkins was asking to know about other disciplines on other staff being tardy.</p>		

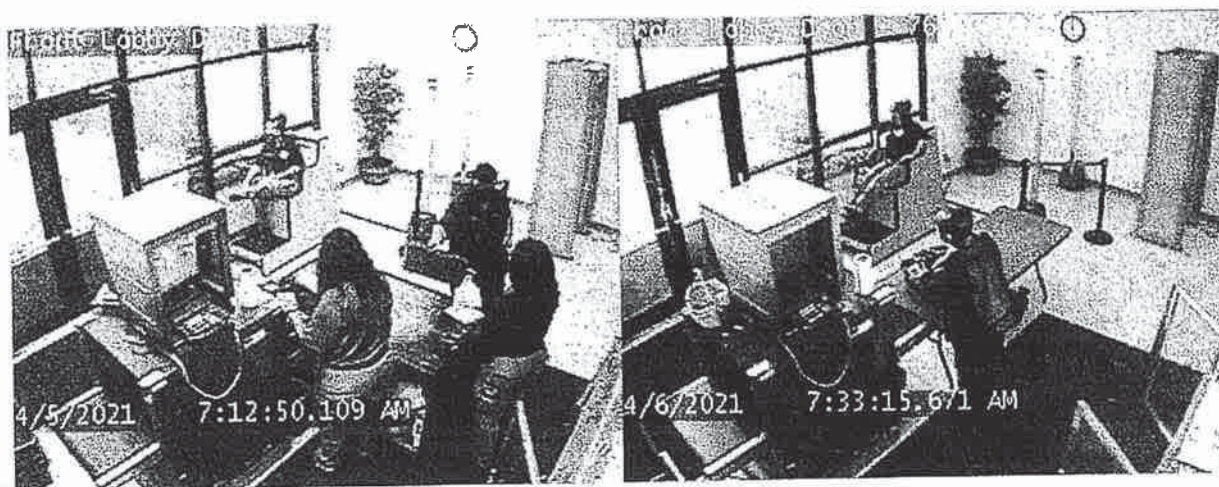
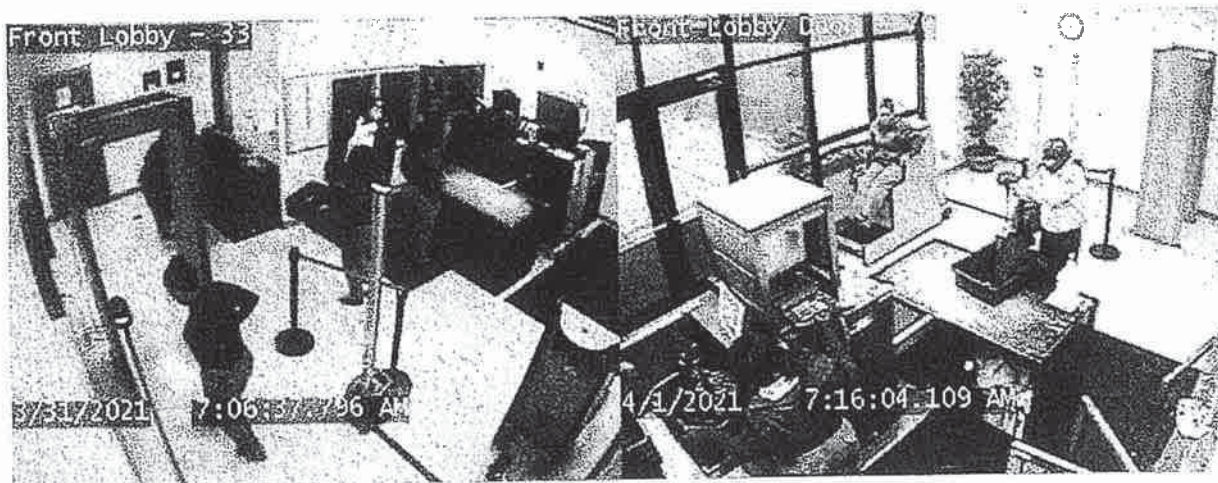
Reporting Staff {Signature}

Date: 4-15-2021      Time: 1640 hours

Form Updated 01/07/2016

MTC000220





MTC000221



## Matthew Schoettmer

---

**From:** Matthew Schoettmer  
**Sent:** Monday, October 26, 2020 8:55 AM  
**To:** Erika Perkins  
**Cc:** Craig Coil; Scott Middlebrooks; Kelly Pomeroy  
**Subject:** shift change

Captain Perkins,

This is a follow up to our previous conversation on October 21st, 2020 in which I informed you effective on Wednesday, October 28, 2020 you are to report as the A1 shift Captain. As you are aware, the Captain position on this shift has been vacant, therefore this assignment of work is based on institutional need. Your report time is 6:45am for shift briefing and will end at 7:00pm at the conclusion of shift.

Please let me know if you need any clarification on this assignment directive.

Sent from my iPhone

Matthew Schoettmer, Major  
Chief of Security  
Wilkinson County Correctional Facility  
2999 US Hwy 61 N  
Woodville MS 39669  
601-888-3199 ext 2270  
Fax: 601-888-3235  
[Matthew.Schoettmer@mtctrains.com](mailto:Matthew.Schoettmer@mtctrains.com)





## WILKINSON COUNTY CORRECTIONAL FACILITY INCIDENT REPORT

Warden  
DW of Operations

DW of Programs  
Major, Chief of Security

Contract Monitor

<b>Date:</b> April 15, 2021	<b>Time:</b> 1630 hours	<b>Location:</b> Major's Office
<b>Staff:</b> Major Matthew Schoettmer	<b>Inmate:</b>	
<p><b>Who, What, Where, When, Why:</b></p> <p>On April 15, 2021 at approximately 1635 hours I Major Matthew Schoettmer had Captain Erika Perkins come to my office to go over her being persistently tardy to work. Captain Perkins was asked to write a statement to why she was late on April 2<sup>nd</sup>, April 5, and April 6<sup>th</sup> of 2021. Captain Perkins refused to write a statement, she refused to discuss why she was late. Captain Perkins was asking to know about other disciplines on other staff being tardy.</p>		

Reporting Staff {Signature}

Date: 4-15-2021      Time: 1640 hours

Form Updated 01/07/2016

MTC000223



MTC000224



## Matthew Schoettmer

---

**From:** Matthew Schoettmer  
**Sent:** Monday, October 26, 2020 8:55 AM  
**To:** Erika Perkins  
**Cc:** Craig Coil; Scott Middlebrooks; Kelly Pomeroy  
**Subject:** shift change

Captain Perkins,

This is a follow up to our previous conversation on October 21st, 2020 in which I informed you effective on Wednesday, October 28, 2020 you are to report as the A1 shift Captain. As you are aware, the Captain position on this shift has been vacant, therefore this assignment of work is based on institutional need. Your report time is 6:45am for shift briefing and will end at 7:00pm at the conclusion of shift.

Please let me know if you need any clarification on this assignment directive.

Sent from my iPhone

Matthew Schoettmer, Major  
Chief of Security  
Wilkinson County Correctional Facility  
2999 US Hwy 61 N  
Woodville MS 39669  
601-888-3199 ext 2270  
Fax: 601-888-3235  
[Matthew.Schoettmer@mtctrains.com](mailto:Matthew.Schoettmer@mtctrains.com)



Employee Erika Perkins Employee # 48500196 Supervisor M. Schroeder  
Shift \_\_\_\_\_ Card \_\_\_\_\_ Position Captain

MTC

## Request for Personnel Action (RPA)

Applicant/Employee Name Erika Perkins  
 Facility Wilkinson County Correctional Facility

Date of Hire 03/17/2004  
 Requested Effective Date 06/02/2020

## REASON FOR SUBMITTING RPA

<input type="checkbox"/> Promotion of key staff	<input type="checkbox"/> New hire of key staff
<input type="checkbox"/> Regional Vice President Request	<input checked="" type="checkbox"/> Demotion of staff (include disciplinary)
<input type="checkbox"/> Any salary adjustment outside the regular salary increase cycle (provide justification in comment box below)	
<input type="checkbox"/> Selection does not meet the minimum qualifications of the current approved PD (for Job Corps, provide waiver):	
<input type="checkbox"/> Education	<input type="checkbox"/> Experience
<input type="checkbox"/> Certifications	<input type="checkbox"/> Licenses
Comments:	

## CURRENT STATUS

Current MTC Employee Yes ☒ No ☐ if no, move on to New Status

Current Position Major	Current Grade 4	Current Salary \$54,080.00
---------------------------	--------------------	-------------------------------

## NEW STATUS

Position Name Captain	Grade 3	Requested Salary/Increase Amount \$45,760.00
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INTERNAL SALARY RELATIONSHIPS  
(Summary Report Required)

Within New Classification (All Emp. With the Same Position Title)			With Subordinates (Those the Emp. will directly supervise)		
No.	MIN	MAX	No.	MIN	MAX
6	\$41,995.20	\$45,760.00	104	\$25,480.00	\$37,648.00

## APPROVALS

Facility Human Resources <i>[Signature]</i>	Date: <u>7-16-2020</u>
Facility Director <i>[Signature]</i>	Date: <u>7-16-2020</u>
Vice President, Human Resources <i>[Signature]</i>	Date: <u>07/21/2020</u>
Regional Vice President <i>[Signature]</i>	Date: <u>07/21/2020</u>
Sr. Vice President (if applicable)	Date:

Scott Toth approved by email. 7/20/2020

## REQUIRED DOCUMENTS

<input checked="" type="checkbox"/> Application/Resume/ Job Bid	<input checked="" type="checkbox"/> Approved PD	<input checked="" type="checkbox"/> Salary Structure	<input checked="" type="checkbox"/> Summary Report	<input type="checkbox"/> Waiver & Plan (if applicable)
--	---	--	--	---



## Internal Salary Relationship

Within New Classification			
Number of Employees			6
Min Wage		20.19	
Max Wage		22.00	
Name	Date of Hire		
Brown, Karen	11/21/2016	21.15	
Day, Victoria	06/09/2008	20.19	
Goff II, Berl	05/26/2020	20.19	
Groom, Mary	06/19/2000	22.00	
Griffith, Phillip	03/02/2020	20.19	
Taylor, Phil	05/13/2019	21.15	
Average			20.84

Subordinates they will Directly Supervise			
Number of Employees			104
Min Wage		12.25	
Max Wage		18.10	
Name	Date of Hire		
Pointe, Charles	09/23/2019	18.10	
Hardy, Marcus	11/18/2019	18.10	
Jenkins, Kelley	07/09/2018	18.10	
Fair, Darrick	11/18/2019	18.10	
Quin, Demetrius	02/10/2020	18.10	
Williams, Jack	10/31/2018	18.10	
Brown, Brandy	10/29/2018	18.10	
Dawson, Harry	10/21/2019	18.10	
Adams, Clara	11/24/1997	16.21	
Sanders, Clarissa	01/04/1999	15.00	
Herrington, Linda	08/06/2018	14.50	
Ard, Dominique	02/11/2019	14.50	
Schoettmer, Kerrie	11/04/2019	14.50	
Torrence, JaMira	03/09/2020	14.50	
Selvage, Danesha	11/09/2009	16.21	
Trask, Olivia	05/16/2006	15.00	
Hall, Joseph	11/24/1997	16.21	
Turner, Vanessa	01/03/2000	14.50	
Reese, Bianca	08/26/2013	15.00	
Myles, Mary	04/15/2019	14.50	
Collins, Delores	10/27/2014	14.50	
Jackson, Laura	08/03/2015	14.50	
Snyder, Lenelle	08/12/2019	14.75	
Grayson, Janette	08/22/2016	14.50	
Ware, Tiffany	08/14/2017	14.50	
Terrell, Latalia	10/09/2017	14.50	
Smith, Linda	01/08/2018	14.50	
Green, Vickie	02/20/2018	14.75	
Scott, Ravonne	08/11/2018	14.50	
King, Kenny	10/29/2018	14.50	
Malone, Mekeva	08/12/2019	14.50	
Spence, Jason	08/12/2019	14.75	
Hickombottom, Rachel	08/12/2019	14.50	
Mason, Julia	09/23/2019	14.50	
Earl, Angelique	09/23/2019	14.75	
Hunt, Vivica	10/07/2019	14.50	
Earl, Angeline	01/08/2020	14.50	
Barker, Margaret	03/09/2020	14.50	
Jackson, Robert	03/09/2020	14.50	
White, Demetric	05/11/2020	14.75	
Rodgers, Sharanica	09/18/2017	12.75	
Brown, Victoria	12/10/2018	12.25	
Decay, Sade	12/10/2018	12.25	
Carpenter, Brianna	02/11/2019	12.25	
Hardy, Michael	04/29/2019	12.25	
Bierbaum, W. Renee	06/10/2019	12.25	
Robinson, Myeshia	08/12/2019	12.25	
Hunt, Carrie	09/24/2019	12.25	
White, Ashley	09/23/2019	12.25	
Hawkins, Charmaine	10/07/2019	12.25	
Ross, Shayla	10/07/2019	12.25	
White, Tonnesha	10/07/2019	12.25	
Wells, Valencia	10/07/2019	12.25	
London, Courtney	11/04/2019	12.25	
Scott, Keyana	01/21/2020	12.25	
Williams, Codaja	02/10/2020	12.25	
Belton, Alexia	03/09/2020	12.25	
Nisa, Zaibun	04/08/2020	12.25	
Nisa, Fakhrun	04/08/2020	12.25	
Hill, Jennifer	04/27/2020	12.25	
Johnson, Brittany	05/11/2020	12.25	
Doss, Cynthia	05/11/2020	12.25	
Ellis, Marquesha	05/26/2020	12.25	
Green, Doniesha	05/26/2020	12.25	
Porter, Ora	08/10/2013	15.50	
Anderson, Dernel	11/19/1997	15.50	
Proby, Mary	01/23/2006	14.17	
Simmons Taylor, Betty	03/03/2014	13.50	
Lewis, Mekalla	09/09/2019	12.25	
Cameron, Ellishia	10/07/2019	12.25	
Havard, Donna	10/21/2019	12.25	
Verbeck, Tommy	03/09/2020	12.25	

Bonds, Mercedes	04/06/2020	12.24
Stewart, Jerry	04/08/2020	12.25
Johnson, Derseyreys	04/27/2020	12.25
Varnado, Markeyceuna	04/27/2020	12.25
Hickombottom, Lashonda	04/27/2020	12.25
Robinson, Jamesia	04/27/2020	12.25
Jackson, Kayla	04/27/2020	12.25
Bratton, Ayanna	05/11/2020	12.25
York, Deann	05/26/2020	12.25
Turner, Melissa	09/07/1999	15.50
Bynum, Elsie	11/24/1997	15.50
Farmer, Alsheja	03/04/2013	13.50
Jones, Johnson	01/22/2008	13.50
Wyatt, Linda	12/07/1998	15.34
Williams, Linda	05/13/2019	12.25
Wyatt, LaShonda	03/03/2008	13.50
Gaines, Cynthia	07/11/2005	13.75
Bynum, Nevendka	02/09/1999	14.71
Gaines, Melissa	07/11/2005	13.01
Griffin, Wilbane	02/04/2013	13.50
Claborn, Ethel	08/21/2000	14.93
Jackson, Joyce	01/03/2000	14.66
Boyd, Ollie	11/24/1997	15.50
McFarland, Tammy	03/20/2000	15.27
Selvage, Undraeesha	07/15/2013	13.50
Caston, Martha	06/16/2014	13.50
Pickett, Richard	10/12/2015	13.25
Ashley, Anecia	04/27/2020	12.25
Jones, Chassity	07/10/2017	12.75
Hollins, Delorior	07/18/2016	13.00
Williams, Shannon	10/24/2016	13.00
Washington, Alice	08/14/2017	12.75
Average		13.92


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**Erika Perkins**

2 of 852

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 Applied For: **Chief of Security (24424)**
[View Requisition](#)

 Vidalia, LA - United States  
 3184211007

Source: Recruiter

Employment: Training Corporation, Training Corporation, T...

New Employee

Applied: 03/01/2019

Education: Natchez High School, Copiah Lincoln Comm...

Updated: 10/05/2019

[Proceed To Onboarding](#) [Help](#)
[Summary](#) [Application](#) [Feed](#) [Workflow](#) [Evaluations 1](#) [Notes 3](#) [Messages 1](#) [Tasks](#) [Activity](#)

### Candidate Details

[View Contact Record](#) [View All Fields](#)

First Name\* Erika

Last Name\* Perkins

Email Address Erika.Perkins@mtctrains.com

Address 452 Concordia Park Drive

City Vidalia

State LA

Zip 71373

Country United States

Home Phone 3184141046

Work Phone 6018883199

Cell Phone 3184211007

[Edit](#)

### Disposition

### Source

 Recruiter  
 Kelly Pomeroy

[Edit](#)

### All Applications

**Chief of Security (24424)**

 Applied: 03/01/2019  
 Updated: 10/05/2019

New Employee

### Hiring Team Members


 Scott Middlebrooks  
 Hiring Manager

 Kelly Pomeroy  
 Recruiter

[Edit](#)

### Application Details

[View All Fields](#)

Were you referred by an employee? No

Are you a current employee at an MTC operated facility or have you ever been an employee at an MTC operated facility? Current Employee

[Edit](#)

### Data Consent and Processing

[Seek Consent](#) [Export Data](#)

Consent Status Not Requested

Auto Deletion Date Retained Forever

### Collections

MTC000230



## Add To Existing Collection

Select Collection

## Add To New Collection

Collection Name

Add

## Work History Details

+ Add

Training Corporation	Unit Manager November 2013
Training Corporation	July 2013
Training Corporation	Captain July 2013 - October 2013
Corrections Corporation of America	Administrative Shift Supervisor November 2011 - June 2013
Corrections Corporation of America	Shift Supervisor September 2007 - October 2011
Corrections Corporation of America	Assistant Shift Supervisor September 2006 - September 2007
Corrections Corporation of America	Correctional officer March 2004 - September 2006
Corrections Corporation of America	March 2004 - June 2013

Edit

## Education History Details

+ Add

College Name	Natchez high School
Major	
Degree Name	Diploma
Degree Type	None
Dates Attended	
College Name	Copiah Lincoln Community College
Major	
Degree Name	MS

MTC000231

Degree Type Masters

Dates Attended

Edit

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MTC000232

**Erika Perkins**  
**452 Concordia Park Drive**  
**Vidalia, LA 71373**  
**Phone: (318)414-1046**  
**E-mail: EPerkins0375@yahoo.com**

### **Summary**

- Strong ability to lead and train staff.
- Strong background in correction.
- An over 10 year's supervisory experience.

### **Objectives**

Seeking a highly rewarding career, which will allow me to use my knowledge and skills obtain thru previous work experiences.

### **Education**

Natchez high School; Natchez, MS, Diploma 1993  
Southern University of New Orleans; New Orleans, LA  
Copiah Lincoln Community College, Natchez, MS

### **Employment**

#### **Management and Training Corporation**

- July 2013 - present

Directly supervises, shift lieutenants, inmate population with the housing areas, major planning of the administrative and programmatic activities of the department.

- Unit Manager, November 2013 - present
- Rank held: Captain, July 2013 - October 2013

#### **Corrections Corporation of America**

- March 2004 - June 2013

Assist the Chief of Security with daily operations. Supervise the administrative and operational shift activities of the facility, employees, and visitors.

- Administrative Shift Supervisor, November 2011 - June 2013
- Shift Supervisor, September 2007 - October 2011
- Assistant Shift Supervisor, September 2006 - September 2007
- Correctional officer, March 2004 - September 2006

### **V**

**References:** Available upon request





Management  
& Training  
Corporation

## Position Description

Facility Name: Wilkinson County Correctional Facility  
 Position Title: Chief of Security  
 Department: Operations  
 Status: Exempt Effective Date: 07/01/2013

### Position Summary:

Reports to the deputy warden, operations. Directly supervises the captains. Responsible for the custody and discipline of inmates in compliance with American Correctional Association (ACA) standards, Management & Training Corporation (MTC), and Mississippi Department of Corrections (MDOC) directives.

### Essential Functions:

1. Plan, coordinate and manage the administrative and programmatic activities of the department.
2. Provide staff training, evaluate staff performance and recommend department and personnel changes to the deputy warden, operations.
3. Assist the deputy warden, operations in the preparation of the departmental budget; monitor and control expenditures.
4. Assist in the development and implementation of new and revised policies and procedures affecting security. Coordinate with other departments to ensure compliance with overall facility objectives.
5. Exercise overall supervision of correctional officers and inmates; supervise, protect, instruct, train, counsel and evaluate employees and inmates. Schedule employees and provide scheduling for inmates work and off-duty time. Make recommendations for inmates considered for trustee status.
6. Assist in formulating security and work procedures.
7. Supervise and direct searches for contraband and provide security.
8. Provide security and custody for inmates. Supervise the observation of inmates.
9. Respond to emergencies.
10. Read, review and properly apply information found in inmate records related to the inmates' health and safety, and to the security of the facility. Provide appropriate information to other personnel.
11. Supervise the preparation and maintenance of records, forms and reports.
12. Promote the development of positive social skills through modeling appropriate behaviors and intervening when inappropriate behaviors are observed. Provide regular feedback to staff regarding social skills procedures and intervention techniques.
13. Maintain accountability of staff, inmates and property; adhere to safety practices.

It is expected that the incumbent shall perform other duties as assigned within his/her capabilities as determined by management.

### Education and Experience Requirements:

Bachelor's degree in correctional management, criminal justice, public/business administration, education counseling or other related field and four (4) years correctional experience, two (2) of which must be in a supervisory capacity required. Directly related experience may be considered in lieu of formal education requirements if approved by management. Valid driver's license in the state of Mississippi or Louisiana with an acceptable driving record required, unless waived by management.

### Post Hire Requirements:

Must successfully complete annual in-service training requirements.

Warden

Vice President, Human Resources

Date

Date

MTC000234

**Keith OBanion**

---

**From:** Gabriel Walker  
**Sent:** Thursday, June 23, 2016 11:43 AM  
**To:** Jody Bradley; Keith OBanion  
**Cc:** Alan Chapman  
**Subject:** Training Incident

The matter resolving Unit Manager Perkins and Training Manager Pendleton has been resolved. I have spoken with both staff and also allowed them to discuss the matter together with one another. Both staff took ownership and agreed that proper communication between the two would have prevented this incident.

Speaking with Unit Manager Perkins she was informed that she is not allowed to address concerns regarding her daughters employment. She understood that her daughter is an adult working in a Professional environment and any concerns which she had would be addressed by someone in her chain of command. It was addressed to Mrs. Perkins that any MTC clothing not being used or damaged should have been turned back in to the facility training department. Mrs. Perkins understood the concern of other staff in the class not being afforded a jacket and she should have referred to Lt. Pendleton prior to issuing.

Speaking with Training Manager Pendleton she also understood that she could have handled things differently. She failed to get all her facts together prior to acting and accusing staff of misconduct by entering the clothing room removing items without her consent. Though she was advised by Chief of Security Rodriguez to take the jackets from the staff she did it in front of the class which may have been embarrassing to the cadets involved. I further spoke to her concerning ensuring that she addressed the class as a whole when providing instruction concerning policies and procedures and rules of conduct. I advised her to ensure that we ensure that we use good verbiage when explaining consequences of staff misconduct. Ms. Pendleton completely understood the importance of good communication.

I have also spoken to Correctional Officer Erika Perkins (cadet) concerning statements which she provided. I explained to her not to involve her mother concerning matters at the facility. She was provided her chain of command to address concerns too. I explained to her the importance of what Training Pendleton was expressing to her and we only wanted everyone to be successful in this new career. Ms. Perkins understood and advised that she only wanted to follow the procedures and was looking forward to continuing the training class.

I believe this matter is resolved at this time...



STATE OF MISSISSIPPI  
DEPARTMENT OF CORRECTIONS  
BURL CAIN  
COMMISSIONER

John D. Hunt  
Director

Corrections Investigation Division  
601-359-5611 (o) 601-359-5688 9(9)

TO: Frances Griffin, MTC, Wilkinson County Correctional Facility

FROM: James Cooksey *JC* Chief Investigator, Corrections Investigation Division (CID), SMCI

RE: Background Check - WCCF

DATE: July 23, 2021

Name: Erika Perkins

DL State/#: LA - 800852209 Valid

SSN#: \*\*\*-\*\*-9536

DOB: 3/14/1975

OffenderTrak Check: No Record

Personnel Lookup Check: No Record

NCIC Findings: No Record

301 N. Lamar Street, Jackson, MS 39202  
601-359-5600 office

MTC000236





MISSISSIPPI DEPARTMENT OF CORRECTIONS  
APPLICANT RELEASE OF INFORMATION

To Whom It May Concern:

The Mississippi Department of Corrections will conduct a background investigation to verify information that you have provided in conjunction with your application for employment. \*\*This information will be used every five years to conduct a criminal background review.\*\* In order to conduct the investigation, the following information is required.

Social Security #: 434-23-9536 Date of Birth: 03/14/75 Race: AA Sex: F  
Driver's License Number: 008805477 State issued: LA  
Current Address: 452 Concordia Park Drive Vidalia  
Street Apt # City  
LA 71373  
State Zip Code

Have you ever been arrested and/or convicted of a crime?

Yes ☒ No ☐ If yes: Date: 2018

Charge: outstanding warrant City: Natchez State: MS  
Tickets

Have you ever been associated with a street gang? ☒ Yes ☐ No If yes, what gang? \_\_\_\_\_

Do you have any tattoos on your body? ☒ Yes ☐ No If yes, what does it stand for? \_\_\_\_\_

In order that the investigation can be completed, I hereby authorize the Mississippi Department of Corrections and any of its authorized employees to receive and collect information from any previous employer, law enforcement agency, educational institution, or persons named by me as references.

ERIKA PERKINS  
Applicant (Print) Name

[Signature]  
Applicant Signature

05/28/19  
Date

If you are applying for employment at a Community Facility, list which one:

CWC/Restitution Center: \_\_\_\_\_



## Employee Acknowledgement

I, ERIKA PERKINS, acknowledge I understand each of the items below by initialing on the spaces provided  
Employee Name (Please Print)

EP I have received and understand the employee handbook, as well as any other handbooks, policies, procedures, summary plan descriptions, or other personnel materials, does not create a binding employment contract between MTC and any employee. I recognize that MTC policies must be adhered to and understand that it is my responsibility to be familiar with company policies and seek clarification from my supervisor or human resources if I have questions. All policies are available to me at www.mtctrains.com and are available through my human resources office. I also understand that MTC expressly reserves the right to change any of the policies, procedures or rules, including those covered in this handbook, at any time.

EP I certify the following to the best of my knowledge:

- I. As of the date on this form, neither I nor any member of my immediate family has any business relationships which would be in conflict with the interest of MTC except\*
- II. I have no knowledge of myself or any other person acting in conflict with the interest of MTC or the guidance in the Employee Handbook, or MTC Policy 203.05 Ethics, as of the date on this form except\*
- III. No member of my immediate family is employed by a supplier, customer, or competitor of MTC except\*

If any change occurs which would require a different answer or statement, I will promptly complete a supplementary report bringing my record up to date.

MTC asks for the above information to enable MTC to obtain legal advice with respect to any questionable transaction or relationship that might be disclosed. MTC will hold this information in confidence, consistent with our ethics guidelines, to the extent permitted by law.

EP I understand uniforms, keys, manuals or any other items issued to me are either government or Company property and must be returned to the Company prior to the end of my employment. If any government or Company-owned items are not returned when my employment with MTC ends, I authorize the Company to withhold the replacement cost of such items from my final paycheck. I also understand that if any of these items are lost, I am to report the loss immediately to my supervisor.

EP I attended the Standards of Business Conduct Training on 06/11/13 conducted by B. Hall  
Date Print Name

EP I received a copy of my position description for \_\_\_\_\_. I have read and understand the job duties and responsibilities and will address any questions with my immediate supervisor.

EP I received training on MTC's anti-harassment policy.

EP I received training on MTC's Code of Ethics.

EP I reviewed the timecard and timekeeping process.

EP I received a copy of the MTC Retirement Plan Summary Plan Description.

EP I understand I may be required to drive for company business. Please complete the following:

- Have you refused to submit to a Blood Alcohol Content test within the past three years? \_\_\_\_ Yes ☒ No  
If yes, please explain: \_\_\_\_\_

- Have you had your operator's license suspended, revoked or administratively restricted within the past three years? \_\_\_\_ Yes ☒ No  
If yes, please explain: \_\_\_\_\_





## Employee Personal Data Form

As a Government contractor subject to both Section 503 of the Rehabilitation Act of 1973 and the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, Management & Training Corporation takes affirmative action to employ and advance in employment qualified individuals with disabilities, qualified special disabled veterans, recently separated veterans, armed forces service medal veterans and other protected veterans.

If you are a qualified individual with a disability, a qualified disabled veteran, a recently separated veteran, an armed forces service medal veteran, or other protected veteran we would like to include you under our affirmative action program. You may inform us of your desire to benefit under the program at this time or at any time in the future. This information will assist us in placing you in an appropriate position and/or in making accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to adverse treatment. Information you submit will be kept confidential except: (i) supervisors and managers may be informed regarding restrictions on the work of duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (iii) Government official engaged in enforcing laws administered by OFCCP or the Americans with Disabilities Act, may be informed. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veteran's Readjustment Assistance Act of 1974, as amended.

If you are an individual with a disability or a disabled veteran, it would assist us if you tell us about (i) any special methods, skills, and procedures which qualify you for positions that you might not otherwise be able to do because of your disability, and (ii) the accommodation we could make which would enable you to perform the job properly and safely.

I wish to self-identify as follows and be included under the MTC affirmative action program:

Please check all that apply.

- ☐ **Disabled Veteran** -- (1) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) A person who was discharged or released from active duty because of a service-connected disability.
- ☐ **Three Year Recently Separated Veteran** -- any veteran during the **three-year period** beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.  
[Enter discharge or release date \_\_\_\_/\_\_\_\_/\_\_\_\_]
- ☐ **Armed Forces Service Medal Veteran** -- any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
- ☐ **Other Protected Veteran** -- a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

\_\_\_\_\_  
Employee Signature

06/11/13  
\_\_\_\_\_  
Date





## Employee Acknowledgement

- Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_ Yes ☒ No  
If yes, please explain:

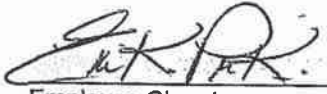
\_\_\_\_\_  
\_\_\_\_\_

- Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_ Yes ☒ No  
If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

EP This checklist will serve as record of my completion of new employee orientation. This record will be maintained in my personnel file.

My signature below verifies that I have been provided with the information indicated above and I am responsible for adhering to all company policies and procedures while employed with MTC.

  
Employee Signature

06/11/13  
Date

\*If there are exceptions or if in doubt, give details in the space provided above or, if necessary on an accompanying sheet. An exception does not exist if you have previously received written approval from the corporate office of any outside business activities or relationships. Your signature on this form shall constitute your certification that you have described all exceptions and that, if the space is blank, there is no exception.



## Wilkinson County Correctional Facility

## July 2017-July 2018 Employee Performance Appraisal - Corrections

Name	Employee No.	Hire Date	Job Title	Review Period	
Erika Perkins	48500196	7/1/2013	Unit Manager	July 2017 - July 2018	
<b>1 Point Unacceptable</b> Does not meet minimum requirements. Corrective action required. <b>2 Points Below Average</b> Rarely meets minimum requirements, performance needs improvement. <b>3 Points Average</b> Performance meets expectations and job requirements. <b>4 Points Above Average</b> Performance exceeds expectations and job requirements. <b>5 Points Excellent</b> Performance consistently far exceeds expectations and requirements.					
<b>INITIATIVE</b>	Unacceptable (1)	Below Average (2)	Average (3)	Above Average (4)	Excellent (5)
Ability to work without close supervision. Seeks & accepts new assignments/opportunities.	4 Displays good leadership and open to new opportunities				
<b>DEPENDABILITY</b>	Unacceptable (1)	Below Average (2)	Average (3)	Above Average (4)	Excellent (5)
Ability to meet goals. Includes attendance, punctuality, willingness to work overtime.	3 No concerns of meeting goals and objectives				
<b>JOB KNOWLEDGE</b>	Unacceptable (1)	Below Average (2)	Average (3)	Above Average (4)	Excellent (5)
Familiar with rules & regulations, techniques, policies and procedures.	4 Knowledgeable of policies and procedures				
<b>COOPERATION</b>	Unacceptable (1)	Below Average (2)	Average (3)	Above Average (4)	Excellent (5)
Ability to work with others to achieve common goal.	3 Team Player				
<b>ADAPTABILITY</b>	Unacceptable (1)	Below Average (2)	Average (3)	Above Average (4)	Excellent (5)
Quickness to learn new duties and adjust to new situations.	4 knowledgeable in other areas of the facility				
<b>WORK QUALITY</b>	Unacceptable (1)	Below Average (2)	Average (3)	Above Average (4)	Excellent (5)
Accuracy of work - completed in a timely, professional manner.	4 No Concerns				
<b>INMATE/OFFENDER SUPERVISION</b>	Unacceptable (1)	Below Average (2)	Average (3)	Above Average (4)	Excellent (5)
Ability to supervise inmates in accordance with policies and procedures and operational orders.	4 Very professional and involved with the Offender population				
<b>WORK HABITS</b>	Unacceptable (1)	Below Average (2)	Average (3)	Above Average (4)	Excellent (5)
Self-discipline, understanding and adapting to priorities. Self motivation.	3 Motivated and ensures job is complete				

## SUPERVISORY QUALITIES (if applicable)

LEADERSHIP	Unacceptable (1)	Below Average (2)	Average (3)	Above Average (4)	Excellent (5)
Ability to motivate, train, develop and guide employees. Promotes teamwork.	4 Hard working and gets other staff involved				

MTC000241

COMMUNICATION	Unacceptable (1)	Below Average (2)	Average (3)	Above Average (4)	Excellent (5)
Ability to complete all reports in a timely, professional manner. Ability to define assignments clearly to subordinates.			4		
			always vocal and timely		
ORGANIZATION	Unacceptable (1)	Below Average (2)	Average (3)	Above Average (4)	Excellent (5)
Ability to plan and organize priorities and resources in a timely fashion. Time management.			4		
			Organized and areas are well maintained.		
POLICIES AND PROCEDURES	Unacceptable (1)	Below Average (2)	Average (3)	Above Average (4)	Excellent (5)
Adherence to corporate policies and procedures and management directives.			3		
			No concerns		

**COMPLETE THIS SECTION FOR ALL EMPLOYEES FOR THE UPCOMING REVIEW PERIOD**

**PERFORMANCE GOALS AND OBJECTIVES**

Unit Manager Perkins does an outstanding job in her position. I would like to see her work towards future promotion within the company.

NON-SUPERVISORY COMPOSITE	Unacceptable 1-8 Points	Below Average 9-16 Points	Average 17-24 Points	Above Average 25-32 Points	Excellent 33-40 Points
Employee Score 29				Above Average	
SUPERVISORY COMPOSITE	Unacceptable 1-12 Points	Below Average 13-24 Points	Average 25-36 Points	Above Average 37-48 Points	Excellent 49-60 Points
Employee Score 44				Above Average	
Prepared by/Date <i>Adrian W...</i> 8-4-18	Reviewed by/Date				
Employee Signature/Date <i>Eric J. Perkins</i> 08/07/18	Human Resources/Date				

(08/2016)

**SIDE TWO OF TWO**

MTC000242